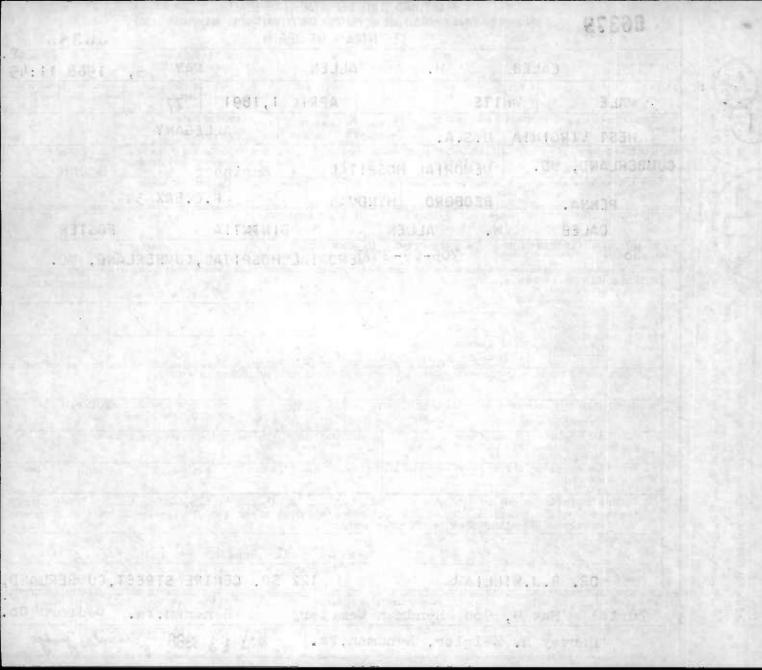
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0634 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 hours after death MA Y Month VIOLA (Type or print) 68° MARY **ADAMS** 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years last 6 Hoday) FEMALE WHITE JUNE 18. 1900 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED MARYLAND U.S.A. ALLEGANY WIDOWED [7] DIVORCED [within 7 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY CUMBERLAND HOSPITAL Own home 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Baker Rd. Rt. Ridgeley 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First FISHER MINERVA GEORGE Stevenson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, os unknown) (If yes give war or dates of service) cremotion, or removol, HOSPITAL. CUMBERLAND. MD MEMORIAL None 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Canditians, if any, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE O stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? far use YES 🗀 NO A 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 5 , 1968, ta 5.19, 1968, that (I) (we) lost sow the deceased alive on 1968, and that in (my) (our) opinion death occurred an the date and haur and fram the couses stoted obove, (1) (we) (did) (did nat) view the body after deoth. 22h, SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) W.P. LAMES 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (State) (County) BMOVAL (Specify) Fort Ashby Cem. Fort Ashby, Mineral, 5/22/68 24. FUNERAL DIRECTOR VR A15 (4) Cumberland, Maryland H. Waune George 30M REV. 1/68

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Harvey H. Zeigler, Hyndman, Pa.

250. REC'D BY REGISTRAR

VR A15 (4) 30M REV, 1/68 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP 1. DECEASED-NAME Middle 20. DATE KNOWNY X (Type or Print) OF ESTIDEATH MATED May HARMON JEROME. ARNOLD AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD MALE JAN. 28. with the State Depar 7o. 81RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BARTON, MD. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done Office along with during most of working life, even if retired.) give street oddress) FROSTBURG Miners Hospital -- DOA 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER MAPLE FROSTBURG YES NO odmission) STATEM ARYT, AND 3b. COUNTY ALLEGANY in Item 18. haurs land 2 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME DELIA HARMON farwarded to the Chief Medical Examiner's pages ADDRROSTBURG, MD. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil be executed within (Yes, no, or unknown) 216-10-1879 MRS. HARMON J. ARNOLD.40 MAPLE ST. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSTON IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove CORONARY THROMBOSIS rise to immediate couse (o), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Coronary Sclerosis .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 5 may be retained far yaur files.

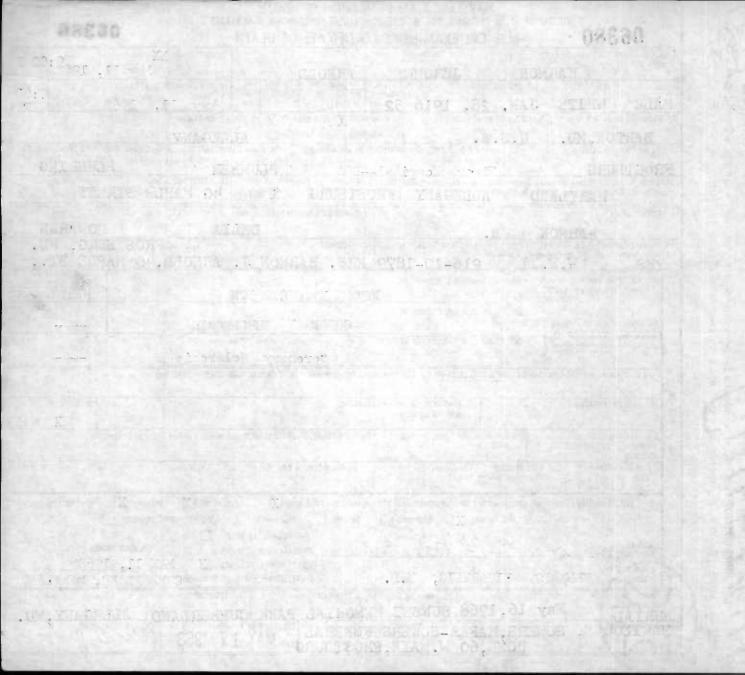
TO FUNERAL DIRECTOR: Page 3 shauld
Health priar to burial, crematian, or MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy XI, Inspection X, Accident Suicide death resulted from: Natural couses by Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

20. AUTOPSY? 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) County Stote Inquiry X, ond in my opinion Undetermined monner 22b. DATE SIGNED MAY 11. 1968 BENEDICT SKITARELIC. ADDRESS(Street, city, town, or county) CUMBERLAND, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) May 16,1968 SUNSET MEMORIAL BURTAT MARTEOTOR M. SOWERS, HAFER-SOWERS FUNERAL SON RECD BY REGISTRAN TO AN AND THE MAY 17 25b. REGISTRAR'S SIGNATURE Charles

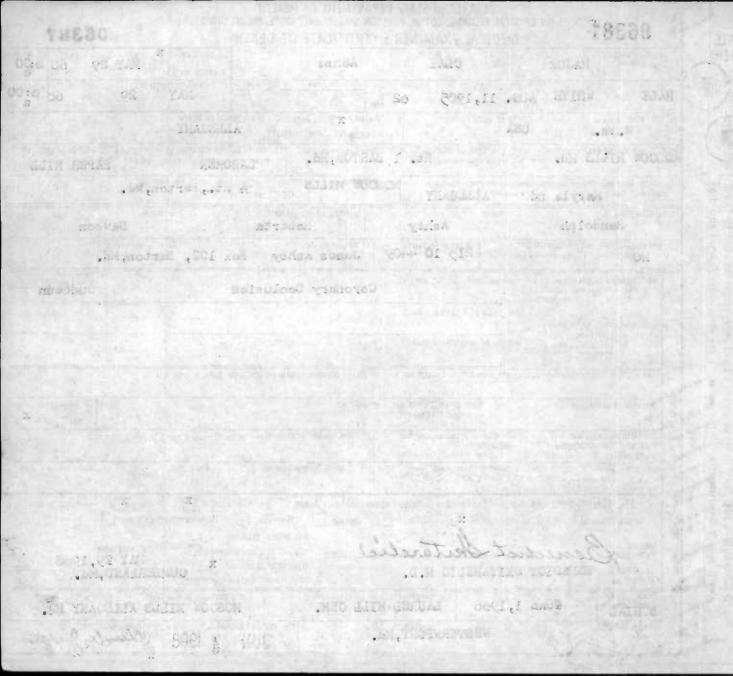
12b. KIND OF BUSINESS OR

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M3. M3.	3. SE	LE	4. RACE WHITE	5. DATE OF BIR AUG. 11	,1905	AGE (In years last thiday) YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUN ManthMAY	CED DEAD Day 29	Yeor 19	26 HOU
50	7a. E	IRTHPLACE (State		7b. CITIZEN OF WH		WID	lane of the lane o	RCED 9. COL	INTY OF DEATH			N
ter death. Give Pages 1, ang with farm th the Store Th.		SCOW WIT					RTON, Md.	during most	CCUPATION (Kind of	if retired.)	12b. KIND OF BUSH	
10 de xi	13a. ac	USUAL RESIDENÒ Imissian) STATE	E (Where dece	osed lived, if institu	LLEGANY	efare MOSO	GW TOWYLLS 13d	YES NO	13e. STREET AND, NI	on, Md		
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thin niner niner page hour		WAS DECEASED EV es, 100 unknaw		FORCES? ve war or dates of service)	215 10	11Y NO 9	7. INFORMANT James As	shby Bo	x 102, ADD	ress arton, l	ſd.	
should be executed wii word "pending" in pe the Chief Medical Exor uriol-transit permit. File in any event within 72		18. CAUSE OF PART I. D	EATH WAS CAUS	nly one couse per li ED 8Y: NATE CAUSE (a)	ine far (a), (b), and	(c).)	oronary O	cclusion	1		APPROXIMATE I	AND DEATH
be executed "pending" ir nief Medical I ansit permit. I event within			ny, which gave	DUE TO, OR	AS A CONSEQUENC	E OF						
should be e te word "per o the Chief ! buriol-transit in any even		stating the un last.	iate cause (a), derlying cause		AS A CONSEQUENC	E OF						
s certificate should be executed warding the word "pending" is forworded to the Chief Medical used as a buriol-transit permit.	~	PART 2. OTHER S	SIGNIFICANT CON	DITIONS CONTRIBUTI	ING TO DEATH 8UT	NOT RELATED	TO THE TERMINAL DI	ISEASE OR CONDITIO	ON GIVEN IN PART 1(0)		
This certificate should cate, writing the word be forworded to the Cl be used as a burial-tr removal, and in any	CERTIFICATION	190. DATE OF O	PERATION		19b. CONDITION F WAS PERFOR		RATION				20. AUTOPSY	? NO 1
INER: This certi e certificate, writ should be forwor files. 3 should be used atrian, or removo	MEDICAL CERT	21a. EXTERNAL OF PRIMARY OF CAUSE OF DEATH	R CONTRIBUTING			, Year	1c. HOW INJURY OCC	CURRED (Enter natu	ure of injury in Part 1	l or Part 2, Ite	em 18.)	
3 + 5 5	MED	21d. INJURY OCC	URRED 21e	PLACE OF INJURY (actory, office building	At hame, farm, str		1f. LOCATION Street a	or R.F.D. Na.	City ar Tawn	11	Caunty	State
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06383 05389 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. and 2 (Type ar print) Manth Dov Year and campletely filled in by the funered remave carban papers. Pages rand in any event, within 72 haurs after dees 2:05PM OLIVER THOMAS REACHY 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER | YEAR IF UNDER 24 HRS last birthdov) MALF WHITE 04-23-08 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [12a. USUAL OCCUPATION (Kind of work done MARYLAND 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 1D. CITY OR TOWN OF DEATH most of working life, even if retired.) INDUSTRY CUMBERLAND HOSPITAL RAILROAD and in any event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) ASTATE AND ALLEGANY YES 🗀 NO X CRESAPTOWN BOX 153 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle OLIVER BEACHY ARLETTA THOMAS signed by the attending physician burial-transit permit. Then please burial, crematian, ar removal, and i 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no, or unknown) 1942-1945 568-03-0432 HOSPITAL RECORD, 900 SETON DRIVE CUMB MD APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFRACTION 10 DAYS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF EORONARY HEART DISEASE Conditions, if any, which gave) YEARS rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar ta CHOLECYSTITIS 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING gp CAUSES OF DEATH? YES IXT NO [directar, page 3 shauld be detached tar use shauld be filed with the State Dept. af Health TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Tawn County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING X STAFF UL DEGREE 5-18-68 DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 21502 NAME (Type) R.W. BALLIN, M.D. 62 GREENE STREET. MARYLAND **CUMBERI AND** 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (Caunty) (Stote) 20/68 FROSTBURG MEM. PARK FROSTBURG ALLEGANY 24. FUNERAL OTRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Marles 30M REV.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06384 CERTIFICATE OF DEATH 36390 ·DECEASED-NAME First Middle Last 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove corbon papers. Pages 1 and (Type or print) May W STONER BEGGS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS last birthday) OCT. 15th, MALE WHITE 1889 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIECKIX NEVER MARRIED COUNTRY ARYEAND U.S.A. DIVORCED [WIDOWED [ALLEGANY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) T-M SUP ERV SOR BILLING red.) B&O R.R. FROSTBURG. MINERS HOSPITAL event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MARYLAND 13b. COUNTY YES 🔀 ALLEGANY NO 🗌 MT. SAVAGE CHURCH HILL in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last Last JOHN BEGGS MARTHA STONER and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) (If yes give war or dates of service) or removal, 705-05-8040 MRS. LENA K. BEGGS. MT. SAVAGE, MD. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cardenase Panding. signed by the buriof-transit p Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) NONF has been the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING NONE CAUSES OF DEATH? YES 🗀 NO 🔀 O FUNERAL DIRECTOR: After this certificate by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT_HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Lown County State While Nat while at work

(State)

220. I certify that (1) (this hospital) ottended the deceased from SEPT., 1967, to sow the deceosed alive on 5/14 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (glid not) view the body ofter deoth. 22c. DATE SIGNED

DEGREE

22b. SIGNATURE 22d. PHYSICIAN'S

MARTIN ROTHSTEIN, M. D.

MAY 17

PHYS. 22e. ADDRESS MED. DIRECTOR

PHYS

(County)

NAME (Type) 48 BROADWAY, FROSTBURG, MD. 21532 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

BUREMOVAL (Specify) 24. FLINERAL DIRECTOR

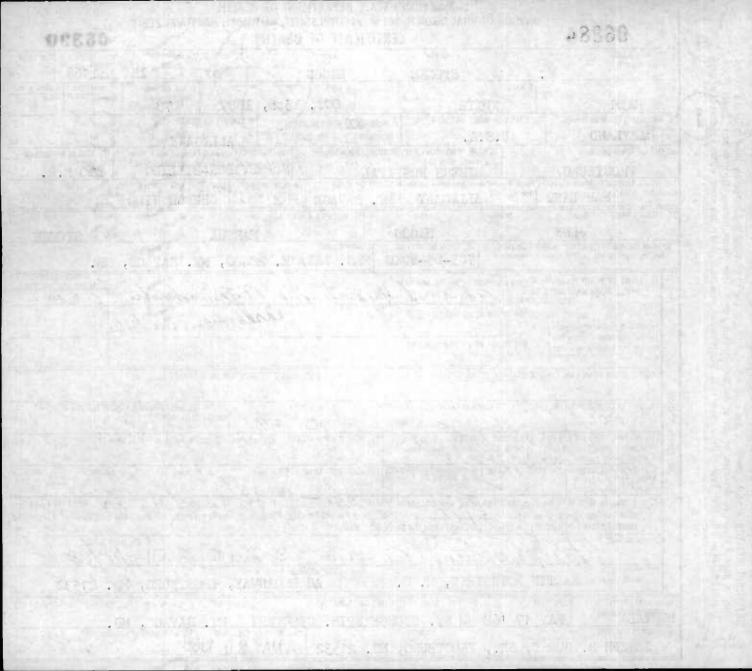
ST. GEORGE EPIS. CEMETERY 2Sa. REC'D BY REGISTRAR LA

JOSEPH R. DURST, SR., FROSTBURG, MD. 21532

VR A15 (4) 30M REV. 1/68

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be retained



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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Lost	2a. DATE OF DEATH				T	2b.	ŀ

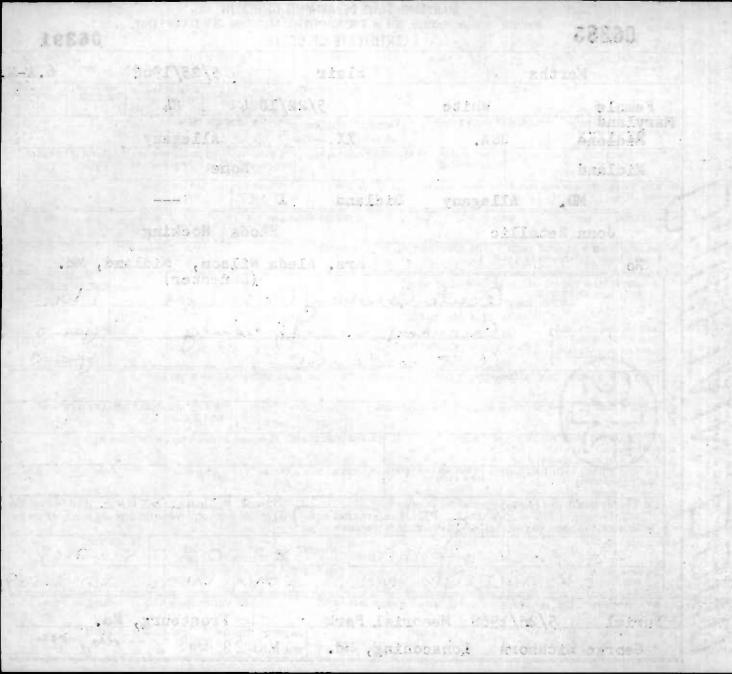
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3. SEX Fema		4. RACE	hite		S. DATE OF BIRTH	2/1884	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS YRS.	
rdinately)	odr foreign	7b. CITIZEN OF WH		^{B.} Married [WIDOWED [NEVER MARRIED AX DIVORCED		Allegany		Md
10. CITY OR TOWN	of DEATH Land		ME OF HOSPITAL OR INST treet oddress)	ITUTION (If no			CUPATION (Kind of work do		OF BUSINESS OR
13a. USUAL RESIDE admission) STATE		sed lived, if institution 13b. QUNTY	on: Residence befare	13c. CITY OR Viidla		INSIDE CITY LIMITS?	13e. STREET AND NUMBER	(
14. FATHER'S NAME	John Re	Middle	Lost	15	MOTHER'S MAIDE	N NAME First Rhod	a Hocking	-	Lost
Yes, no pr unkn	D EVER IN U.S. ARI	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY NO	111	reormant irs. Al	eda Wi		lamd, M	ld.
1B. CAUSE O PART 1.	DEATH WAS CAUSE	nly ane cause per lin D BY: ATE (AUSE (a)	e far (a), (b), and (c).)	ous	nam	Ocel	aughter)		OXIMATE INTERVAL N ONSET AND DEATH
rise to imme stating the u last.	ony, which gave diote couse (a), underlying cause	DUE TO, OR A	S A CONSEQUENCE OF S A CONSEQUENCE OF	Sche	man Lison	fice	incy	ye	ars Pars
PART 2. OTHI	OF THE		CH OPERATION WAS PERI		20a. AUTOPSY YES		2Db. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED IN	CERTIFYING
OR CONTRIBU	T WAS UNDERLYII	TH HOUR A.M. iner) P.M.	INJURY Manth Day Year 19 AT HOME, FARM, STREET, FACTO		OW INJURY OCCUR		ure af injury in Port 1 or Por	rt 2, Item 18.)	State
While No	at while T		OFFICE BUILDING, ETC.	/	CATION Street of		,	,	
saw t	he deceased a	live an W	inded the deceased	_68 and	thot in (my)	our) apiniar	death occurred an the	e date and hav	ir and from the
22b. SIGNATU	RESTOR	me	A m	DEGR	ATTENDING PHYS.	MED. DIRECT	STAFF C	22c. DATE SIGNED S-2-7	168
22d. PHYSICIA NAME (T	Ype) L. 1	MILE		M.D		rany	+ CONING	MO	21539
23a. BURIAL, CREM BEMOVAL (Spe	ecify)	DATE 5/28/196	23c. NAME OF C		ark		d. LOCATION (City or Town) Frostburg		(State)
24. FUNERAL DIRE	ctor rge Eio	chhorn	Lonacon	ing,		O. REC'D BY REC		RAR'S SIGNATURE	negra

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery thind in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A15 (4) 30M REV. 1/68

ours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will

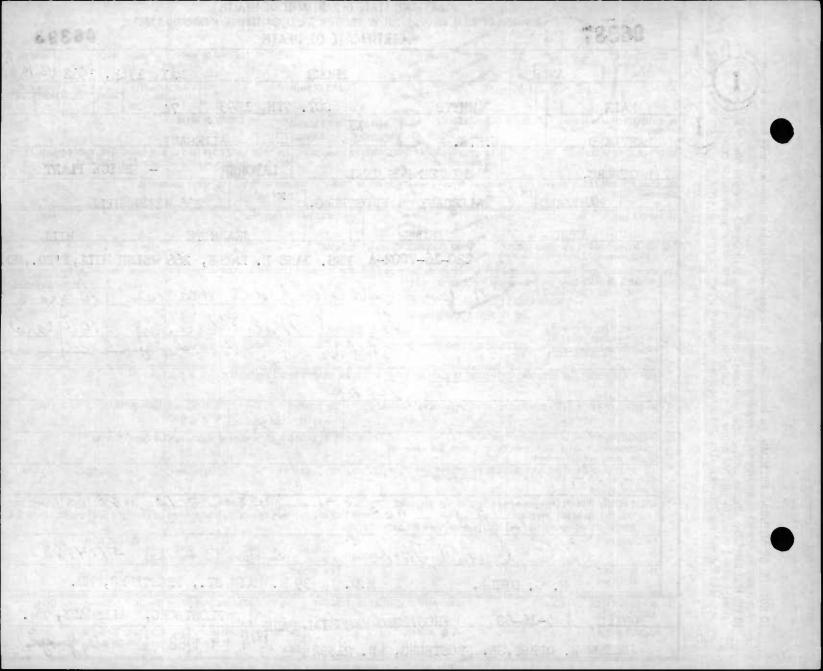
Poge 4 may be retained by the hospital or attending physician.



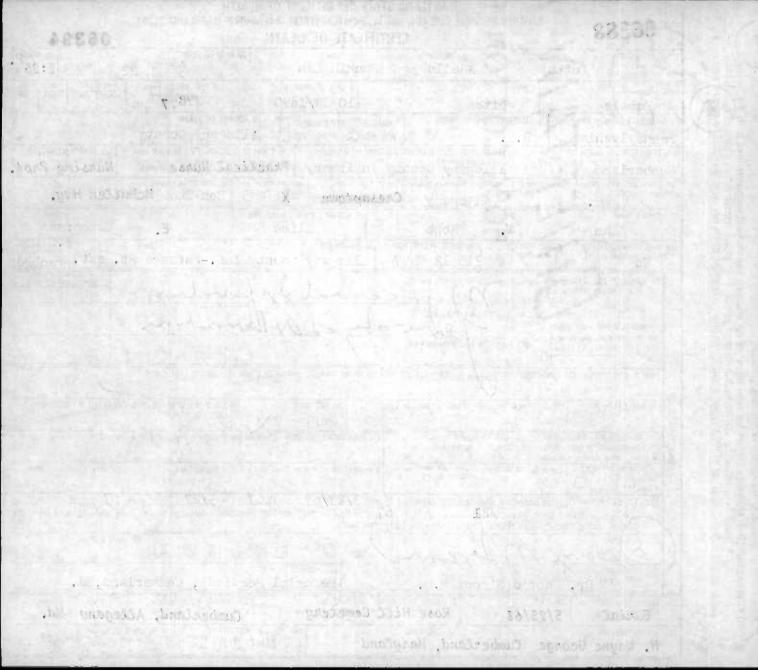
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06386 CERTIFICATE OF DEATH 05392 . DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR The low requires that the death certificate be executed within 24 hours ofter death. (Type or print) 35 Doy Jean Nicholas Bourckel May 4 RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years lost bithdoy) July 7, 1882 White Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED physician and completely filled in Luxenburg USA DIVORCED [WIDOWED [7] Allegany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Nursing Center Retired Conductor give street oddress) Cumberland remove corbon Cumberland, Md. 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES T Oak Street llegany Cumberland dny 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Eugene D. Bourckel, Baltimore, Md. Son 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OFATH IMMEDIATE CAUSE (o signed by the burial-tronsit p Conditions, if ony, which gove) rise to immediate couse (a). stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been the 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [this certificote 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) be retained by the hospital OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram saw the deceased glive an 1965 and that in (my) (aur) apinian death accorred an the date and haur and from the shauld causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED May 16, 1968 director, page should be filed DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Clay E. Durrett, M.D. 236 Virginia Ave., Cumberland, Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) TREMOVAL (Specify) May 18,1968 Barrett Chapel Cemetery Fredericka, Delaware ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 F. Scarpelli, Cumberland, Md.

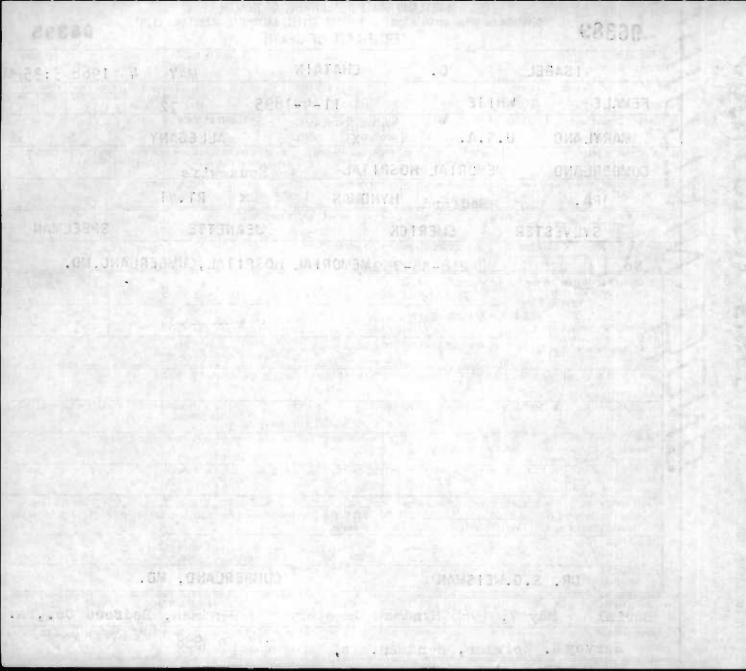
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		4650		(ERIIFICATE	OF DEATH		0.00	333
		ASED-NAME First		Middle	Los		2a. DATE OF DEATH		2b. HOUR P
	(Тур	e or print)	DREW		BRO	DE	MAY.	13th, 1968	12:10 M
3.	SEX		4. RACE	Me LOW	S. DATE	OF BIRTH	6. AGE (In year last birthdoy)	IFS IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		MAIE	W.	HITE		CT. 7TH,	1893 74	YRS. MONTHS DATS	HOURS MIN.
70	. BIR	THPLACE (State ar foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIEDEN NEVE	R MARRIED 9	COUNTY OF DEATH		The state
100	untr	MARYLAND	U.S.		WIDOWED _	DIVORCED [ALLEGANY		Md.
10		OR TOWN OF DEATH			ITUTION (If not in hos	pital 12a. USUAL	OCCUPATION (Kind of wark	dane 12b. KIND OF	BUSINESS OR
/	F	ROSTBURG.	give stree	ot address) MINERS HO	SPITAL	LABC	of working life, even if ret	""BRICK"PL	ANT
	a. U	UAL RESIDENCE (Where decea	sed lived, if institution:	Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMI		BER	14-52
1	1111122	MARYLAN	D 13b. COUNTY AL	LEGANY	FROSTBUE	G. YES NO	266 WEL	SH HILL	
14	I. FAI	HER'S NAME First	Middle	Lost	1s. MOTHE	R'S MAIDEN NAME Fire	st Mid	idle	Łast
		ANDRE		BRODE			JEANETTE		III.
16		AS DECEASED EVER IN U.S. AR	MED FORCES?	b. SOCIAL SECURITY N 220-16-70				ress	DIDO M
		, 0, 0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	^	20-10-70	UZ-A MRS	· JANE L.	BRODE, 266 WE		MATE INTERVAL
1	1	B. CAUSE OF DEATH (Enter of			0-	1. P	41	AFTWEEN O	INSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a)	retro.	odlio	u pla	it diseases	e 100	Jears
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1		anditians, if any, which gave se to immediote couse (o),			Grane	1-Mal	Ckeleps	4 100	(lars)
		rating the underlying couse		CONSEQUENCE OF	8.0:	1		1 -	1_
	le	ist.	(c)		sucre	ocia			/
н	1	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	G TO DEATH BUT NO	7.	RMINAL DISEASE ORCO	NDITION GIVEN IN PART 1(a)		
3	5	4200			none	111700010	Tool is yes week ship	ANOC CONCIDENCE IN C	r D T I F V (N I O
15	CEKIIFICALION	Pa. DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATION WAS PER		AUTOPSY?	CAUSES OF DEATH?	PINGS CONSIDERED IN C	EKIIFTING
TOT	¥ 2	a. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF IN.	HIDV		ES NO NO	nature of injury in Port 1 or F	Dart 7 Itam 191	
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. A	Manth Doy Year	210. 11044 11430	KI OCCORNED (EIIIGI	nature at injury in rust t at t	di 2, ileili 10.)	
MEDI		f either, natify medical exam	iner) P.M.	HOME FARM STREET FACT	ORY \ 216 LOCATION	Street or DED No.	City ar Tawn	County	State
		While Nat while at wark	. PLACE OF INJURY (AT	ICE BUILDING, ETC.	211. LOCATION	Sireer of K.F.D. No.	city di Tuwii	county	Jidie
L	2	2a Leastifu that (1) (th	vic bosnital) attand	ad the decore	d fram	/ 10.3	8 to 5-13	19 6 8 that	(1) (sue) las
L	ľ	saw the deceased of	live an	-/3 decease	68, and that	in (my) (sur) apin	8, ta 5-13 ian death accurred an t	he date and haur	and fram the
Г		causes stated abay	e, (I) (we) (did) (did	d not) view the b	ady after death.				
L	2	2b. SIGNATURE	0.11.	10 W.	A AT	TENDING ME	D. STAFF	22c. DATE SIGNED	118
Е			- Will	we In	DEGREE PH	IYS. DIR	RECTOR L PHYS. L	3//4/	601
	2	2d. PHYSICIAN'S NAME (Type)	C. DIEHL,	/	M.D. 22	e. ADDRESS	IN ST., FROST	TRURG. MD.	
-	1	Π.		Too MANE OF C	EMETERY OR CREMAT		23d. LOCATION (City or Town		(State)
23	oa. E	CHOVAL (C CA	DATE 5-16-68				FROSTBURG,	(County)	
24		NERAL DIRECTOR	7-TO-08	ADDRESS	URG MEMOR	ZSa. REC D BY	REGISTRAR 25b. REGIS	TRAR'S SIGNATURE	
		JOSEPH R. I	DIEST SE E	TROSTRIBO	. MD. 215	A A A	Y 16 1968	Milarles &	udge
			T GILL G TONG	THE THE PARTY OF THE	y see a hour	/~			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06388 CERTIFICATE OF DEATH Middle Lost 2g. DATE OF DEATH DECEASED-NAME First 2b. HOURD death. Month 2:25 M (Type or print) Adella Buckingham Letta the funero S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4 RACE IF UNDER 24 HRS requires that the death certificate be executed within 24 haurs after Poges oursette 10/18/1890 White Female ottending physician and completely filled in by permit. Then please remove corbon papers Poor, or removal, and in any event, within 72 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Pennsylvania WIDOWEDX DIVORCED [Allegany County U.S. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Agive street address) Nursing Prof. Practical Nurse County Infirmary Cumberland 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Box 246 McMullen Hwy. YES X NO Cresaptown Allegany 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Catherman Alice W. John Robb P.O. BOX 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, ar unknawn) (If yes give war or dates of service) Allegany County Inf .- Furnace St. ext. 218 12 7477 records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) cremotion, signed by the buriol-transit p Conditions, if any, which gave: rise to immediate cause (o), DUE TO, OR AS CONSEQUENCE OF be retained by the hospital ar attending physician. stating the underlying couse buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO V be detached for use State Dept. of Health 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 3 shauld be detache with the State Dept. City or Town County State While Not while at work at wark ATTENDING 220. I certify that (I) (this hospital) ottended the deceased from 3/27/67, 19.67, to 5/22 saw the deceased olive on 5/22 __19_67, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR director, poge 3 22e. ADDRESS PHYSICIAN'S NAME (Type) Memorial Hospital, Cumberland, Md. George Simons M.D. 23c. NAME OF CEMETERY OR CREMATORY
Rose Hill Cemetery 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (County) (Stote) Md. REBOYAL (Specify) 5/25/68 Cumberland, Allegany 1968 REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR H. Wayne George Cumberland, Maryland





) [06390	9			CERTIF	CATE OF D	EATH			063	305
		CEASED-NAME ype or print)	First		Middle H. ARVE	/ CI	Last AYTON		2a. DATE OF		Doy 68 Year	2b. HOUR 2:20
	3. SEX	MALE	4	RACE WHIT	E		S. DATE OF BIRTH			6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS RS.	IF UNDER 24 HRS. HOURS MIN.
		IRTHPLACE (State or fo		USA		WIDOWE	1		COUNTY OF	Α	LLEGANY	М
	10. CI	TY OR TOWN OF DEAT CUMBERL		11. N give	AME OF HOSPITAL OR IN street SACRED I	STITUTION (I	HOSPITAL	during DA	PRYIN		1 nspec	DA IRY
	13a. admi:	USUAL RESIDENCE (Whatsian) STATE MAR	YLAND	ved, if institut 3b. COUNTY	tion: Residence before	13c. CITY	resaptow		RRI RRI	REET AND NUMBER	Winchest	er Rd.
	14. F.	ATHER'S NAME FI	EORGE	Middle	CLAYTON		15. MOTHER'S MAIDE BARKL			Middle CLAY		Last
		WAS DECEASED EVER I	N U.S. ARMED F (If yes give wor or d		16b. SOCIAL SECURITY 214-16-29		SACRED HEA	ART HO	SPITAL	-900 SET	ON DRIVE	NATANIA.
		nise to immediate constitution the underlying last. 59/x	ng couse	(c) Ce	AS A CONSEQUENCE OF suggesting 14	least	Facture 1	- Pyci	ough	retes	18	F days
	FICATION	Aferrozelos 19a. DATE OF OPERATION	seen & a	enterco		HOST	TO THE TERMINAL DI	?	20b. IF	N IN PART 1(a) YES, WERE FINDING OF DEATH?	Goce GS CONSIDERED IN C	CERTIFYING
(artenoreles	IN 19b. CONE JINDERLYING AUSE OF DEATH cal examiner)	21b. TIME O HOUR A.M. P.M.	FINJURY Manth Day Yeor	ERFORMED 21c.	2Da. AUTOPSY YES HOW INJURY OCCUR	? NO ☐ RED (Enter n	20b. IF	YES, WERE FINDING OF DEATH?		CERTIFYING
X	MEDICAL CERTIFICATION	21a. ACCIDENT WAS I OR CONTRIBUTING COMPRIBUTING CONTRIBUTING CITY CHAPTER CONTRIBUTING CITY COLURNE While Nat wark at wark	INDERLYING AUSE OF DEATH cal examiner) D 21e. PLAC	21b. TIME O HOUR A.M. P.M.	FINJURY Manth Day Yeor (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ERFORMED 21c. 9 CCTORY,) 21f.	2Da. AUTOPSY YES HOW INJURY OCCUR!	NO RED (Enter n	20b. IF CAUSE:	yes, were finding of DEATH? ry in Part 1 or Part ar Town	2, Item 1B.) Caunty	CERTIFYING State
		Orferiozello 19a. DATE OF OPERATIO 21a. ACCIDENT WAS 1 OR CONTRIBUTING CI (If either, natify medi 21d. INJURY OCCURRE While Control and work and work and work and work and control 32a. Least fifty the control 32a. Least	N 19b. CONE JNDERLYING AUSE OF DEATH cal examiner) D 21e. PLAC	21b. TIME O HOUR A.M. P.M.	FINJURY Manth Day Yeor (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ERFORMED 21c. 9 CCTORY,) 21f.	2Da. AUTOPSY YES HOW INJURY OCCURI LOCATION Street a	NO RED (Enter n	20b. IF CAUSES ature of inju	YES, WERE FINDING OF DEATH? Try in Part 1 or Part or Town	2, Item 1B.) Caunty	State
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06392.	DIAIZIO	N OF VITAL RECOR		ICATE OF		IMUKE, M	AKYLANU 21;	201	0639	88
	Type or print)	First	Middle		Last		2a. DATE	OF DEATH Month	Day	Year .	2b. HOUR
	Ch Ch	arles	Vernon		Crock			May	0,	1968	5 p
3. S		4. RACE			S. DATE OF			6. AGE (In yellost birthday	ors I		F UNDER 24 HRS. HOURS MIN.
	Male		White		Apri	L 21, 18	8 9 6	72	YRS.		
7a. (OU	BIRTHPLACE (State or foreign ntry) West Virgin	7b. CITIZEN	OF WHAT COUNTRY?	B. MARRIE	D NEVER MA	ARRIED 🗍	9. COUNTY	of DEATH Allegan	r		Me
10.	CITY OR TOWN OF DEATH Frostburg		11. NAME OF HOSPITAL O give street address) Miners	Hospit	f not in hospital	12a. USU/ during m	AL OCCUPATION	ON (Kind of warking life, even if re- Carpen	dane	12b. KIND OF BU INDUSTRY	
	USUAL RESIDENCE (Where de	eceased lived, if	institution: Residence bef	are 13c. CITY	OR TOWN	13d. INSIDE CITY L		STREET AND NUM			
odm	ission) SATE ryland	13b. GO	llegany	Oldt	own	YES NO	X	Route #	1		
14.	FATHER'S NAME First	Mi	ddle La	st	1S. MOTHER'S	MAIDEN NAME F	irst	Mi	ddle		Last
	John		Croc	lc		Sı	usan	4 36		Kerr	ns
160	. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECUR	RITY NO. 17	. INFORMANT	11:150	MI	Add	dress		
	res, no or unknown) (If yes	g. 10 Mai di dala 01 30	220-16-	5930	Edna Ha	rtman (Crock.	Rt.#1,	Oldt		
	18. CAUSE OF DEATH (Ente	er anly ane couse	per line far (a), (b), one	I (c).)	1-	00	(APPRÓXIMA BETWEEN ONS	
	PART I. DEATH WAS CA	AUSED BY: MEDIATE CAUSE (c	Cute	Muga	endia	1 desc	han	vel			
	4109	,	O, OR AS A CONSEQUENCE	OF C	1	100			7-11-6		
	Canditians, if any, which g	ove)	Corom	and	Luch	effec	eno	1		6 m	os,
-	rise to immediate cause stating the underlying ca		D, OR AS A CONSEQUENCE	OF J	al alto p	V	9-1	1			
	lost. 4201	—)	c)				1111				
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BE	JT NOT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION G	VEN IN PART 1(a)			
×	Generaling	ed and	enoscher	2180							
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WA	IS PERFORMED	20a. AU	TOPSY?		IF YES, WERE FIN SES OF DEATH?	DINGS CON	SIDERED IN CER	TIFYING
RTIFI					YES [NO [] (AU	3E3 OF DEATH!			
	210. ACCIDENT WAS UNDER		TIME OF INJURY R A.M. Manth Day		HOW INJURY C	CCURRED (Ente	r noture of it	njury in Part 1 ar	Part 2, Ite	m 1B.)	
MEDICAL	(If either, natify medical ex	(aminer)	P.M.	19							
ME	21d. INJURY OCCURRED While Nat while at work	21e. PLACE OF IN	JURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	t, factory,) 21f.	LOCATION Str	eet or R.F.D. No	. (ity ar Town		County	State
	22a Leartify that (1)	(this haspita	l) attended the dec	eosed_from_		, 19_	, to_	May 8	_, 19_[968 that ((I) (we) los
	sow the decease	d olive on	(did) (did not) view	_1968,0	ind that in (my) (our) api	inion deat	h accurred on	the dote	ond haur a	nd fram th
		ove, (I) (we)	(dld) (dld not) view	the body atte	er death.					TE SIGNED	
	22b. SIGNATURE	mil	when	V) DE	GREE PHYS.	DING TO A	MED.	STAFF PHYS.		9.68	5
	22d. PHYSICIAN'S NAME (Type) L. F	P. MIL		M.D.		LONA			M	D.	
23a	BURIAL, CREMATION,	23b. DATE		OF CEMETERY		4,111		TION (City or Tow	'	(County)	(State)
	REMOVAL (Specify)	5/11/		awn Men	. Gard			le, Alle	egany	, Mary]	land
24.	FUNERAL DIRECTOR	160.2		RESS		2Sa. REC'D B	Y REGISTRAR	3 1968 REGI	STRAPECE	GNATURE Q	ufge.
Cl	arles E. Hai	er, 230	Baltimore	Ave, Ci	mo, Md.	DATE	MAY 1	2 1000	1	1	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in of the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs at Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/6

physician. signed by the ottending physician and completely filled in by the funeral. Signed by the ottending physician and combon papers. Pages and buriol-tronsit permit. Then please remove corbon papers. Pages and continuity within 72 haurs of the death The law requires that the death certificate be executed within 24 haurs ofter deot bon papers. Pages, within 72 haurs after physician. ed for use as the b of Health prior to b Poge 4 may be retained by the hospital or attending this certificate has been O FUNERAL DIRECTOR: After

director, page 3 should should be filed with the

1. DECEASED-NAME

3. SEX

(Type or print)

Female

10. CITY OR TOWN OF DEATH

admission) STATE

14. FATHER'S NAME

Yes, nay or unknown)

Frostburg.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH last 2g DATE OF DEATH First Middle 2b. HOUR, Manth 4 Ann May Mary Crone 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) White July 17, 1874 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Maryland U. S. A. Allegany WIDOWED X DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY home give street address) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🔽 310 Harrison St. Allegany NO 🗌 Cumberland. First Middle Last 1S. MOTHER'S MAIDEN NAME First Thomas Poole Elizabeth Trezise 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Mt. Thomas Geary, 200 Glenn St. Frostburg, Md. None. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Cardio Vasculor disas 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner)

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Caunty While Nat while at wark

22a. I certify that (I) (this hospital) attended the deceased from 18, 19 68, ta 2004 4, 19 68, that (I) (we) last saw the deceased alive an 19 68, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED

ATTENDING

MED. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) John B. Davis.

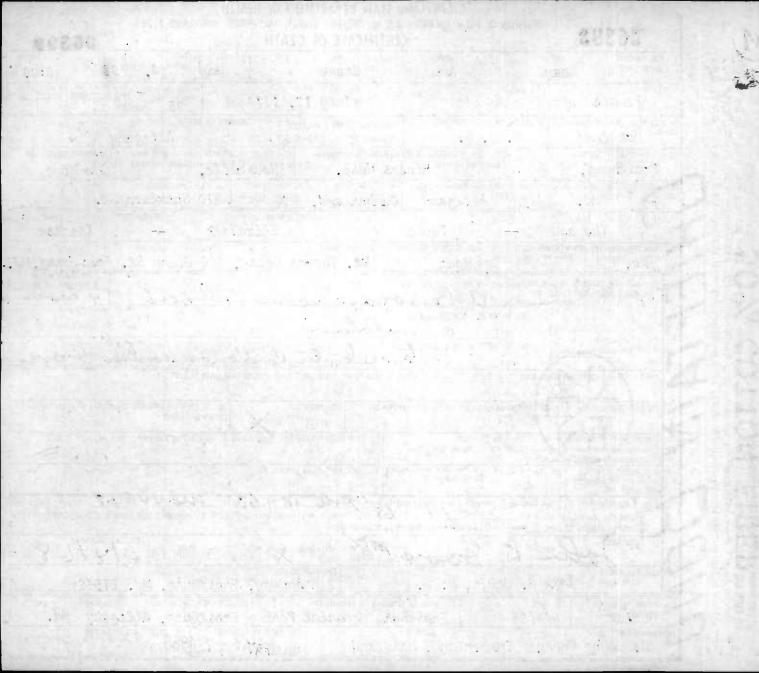
Μ. 2 Broadway, Frostburg, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (Caunty)

(State) REMOVAL (Specify) 5/6/68 Frostburg Memorial Park Frostburg. Allegany Md. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR

H. Wayne George Cumberland, Maryland

DATE

State



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

GOGOT		CER	IIFICATE OF DEATH		00300
. DECEASED-NAME (Type ar print)	JAMES	Middle E.	CROSS	2a. DATE OF DEATH Month MAY	Day Yeor 2b. HOUR 7
MAL E	4. RACE	WHITE	S. DATE OF BIRTH 7-10	7-16- (In years last pirth day)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS.
a. BIRTHPLACE (State or for	AND, MD.	U.S.A. WIE	ARRIED 💢 NEVER MARRIED 🗌 OWED 🔲 DIVORCED 🗌	9. COUNTY OF DEATH ALLEGANY	Md
O. CITY OR TOWN OF DEATH	ND,		PITAL during m	AL OCCUPATION (Kind of work do ast of working life, even if retire Machinist	d.) INDUSTRY
3a. USUAL RESIDENCE (Whe dmission) STATE	VA . 13b COUNT		CITY OR TOWN 13d. INSIDE CITY L	IMITS? 13e. STREET AND NUMBER	
4. FATHER'S NAME Fire		T. CROSS	IS. MOTHER'S MAIDEN NAME FAN	rirst Middle NIE	PRICE
Yes, no ar unknown)	U.S. ARMED FORCES? (If yes give war ar dates of service) War II	16b. SOCIAL SECURITY NO. 705-09-9504	17. INFORMANT MEMORIAL HOS	PITAL, CUMBEI	
PART 1. DEATH W Conditions, if any, wh rise to immediate ca stoting the underlyin last.	AS CAUSED BY: IMMEDIATE CAUSE (a) _ DUE TO, (b) _ g cause	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF		ng	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH CONTROL OF THE
19a. DATE OF OPERATION	N 19b. CONDITION FOR	WHICH OPERATION WAS PERFORM	ED 20a. AUTOPSY? YES NO	CAUCES OF DEATHS	GS CONSIDERED IN CERTIFYING
21a. ACCIDENT WAS U OR CONTRIBUTING COM (If either, notify medic 21d. INJURY OCCURRED While Nat while	AUSE OF OEATH HOUR A	.M. 19	21c. HOW INJURY OCCURRED (Enter 21f. LOCATION Street or R.F.D. No.		t 2, Item 18.) Caunty State
22a. I certify that	t (I) (this hospitol) eased alive an	ottended the deceosed from 19	2, and that in (my) (our) op	6 8, to 5 1200m, inian death accurred on the	19 <u>68</u> , that (I) (we) lase date and haur and fram the
22b. SIGNATURE	o b. St	ignain to	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 63man 68
22d PHYSICIAN'S NAME (Type)	DR. STEGM	AIER	22e. ADDRESS 122 SO.	CENTRE ST.,	CUMBERLAND, MD.
23a. BURIAL, CREMATION, BEMOYAL (Specify)	July 7,	1968 23c. NAME OF CEMET Restlaw	ery or crematory n Memorial Pari	23d. LOCATION (City or Town) Cumberland	(County) (State)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physician. **O FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicion and completely filled in director, page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers director, page 3 should be detoched for use as the buriol-transir permit. Their preuse remove coroun paper. Should be filed with the Stote Dept. of Health priar ta burial, cremation, or removol, ond in any event, within 72 3 should be detoched far use as the buriol-transit permit.

VR A15 (4) 30M REV. 1 68 24.

FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, Md.

0639L

Restlawn Memorial Park Cu

DATE

RAR 25b. REGISTRAR'S S

REGISTRAR'S SIGNATURE

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FOR STATE HEALTH Page ny delay is and 3 to of in pencil in Item 18. Give Pages O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Star This certificate shauld be executed within 24 haurs after death the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with 00 Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. necessary, please execute the certificate, writing the ward "pending" SICAL EXAMINER: 5 may be retained far your files.

STREET, BALTIMORE, MARYLAND 21201 CORDS. DIVISION OF VITAL RECORDS.

803	39	MEDIC	AL EXAM	VINER'S	CERTIFI	CATE	OF DE	ATH				0640	1	
1. DECEASED-NAME (Type ar Print)	(Tunn or Drint)		Middle			Last				2a. DATE KNOWN Mantle OF ESTI- May			24. ноц	
(1) 0.1 1.1.1.1	OLIV	E	GRACE	(CROSS				DEATH /	MATED [, ,	22,196	1-A4-	
3. SEX	4. RACE	S. DATE OF BIR	HTH	6. AGE (In year		R 1 YEAR DAYS	HOURS	24 HRS MIN.	2c. DATE PR	ONOUNCE			- 2d. HOU	
FELMALE	WHITE	JUNE 8	3. 1904		RS.	DAIS	HOURS	Mark.	Month May	22.	1968	Year 19	A	
7a. BIRTHPLACE (Sto		b. CITIZEN OF WH		8.	MARRIED 1	NEVER MAI	RRIED _	9. COL	INTY OF DEA	TH		- 377		
CUPBERLA	ND MD.	U.S.A.		W	/IDOWED 🔲	DIVO	RCED [ALLEGA	NY			٨	
10. CITY OR TOWN CUMBERI	LAND	give	AME OF HOSPITA	K STRE	et		during	most o	CUPATION (K f warking life	HÖÜS	retired) E WIE	12b. KIND OF INDUSTRY	BUSINESS OR	
13o. USUAL RESIDE admission) STAT	NCE (Where decease EMARYLAND	d lived, if institu 13b. COUNTY AT LI	itian: Residence		ITY OR TOWN		d. INSIDE CITY		13e. STREET 216		MBER STRE	CET	776	
14. FATHER'S NAME ARTE	First	J. Middle	WILSON	Last	1S. MOTI	HER'S MAI	DEN NAME	First	7	Mi	iddle	NORT	Last H	
160. WAS DECEASED E (Yes, no younkno	VER IN U.S. ARMED FO	DRCES? ar or dates of service)	16b. SOCIAL SEC 234-07		17. INFORM JAME		FORD	CROS	SS 216	ADDRE PAR		CUMBER		
	F DEATH (Enter anly		ne far (a), (b),	and (c).)						-		APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH	
PART I.	DEATH WAS CAUSED	BY: E CAUSE (a)			CO	RONA	RY O	CCLI	JSION				SUDDEN	
rise ta imme	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSIS DUE TO, OR AS A CONSEQUENCE OF													
4201	SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH B	UT NOT RELAT	ED TO THE TE	RMINAL D	ISEASE OR (CONDITIO	ON GIVEN IN F	PART 1(o)				
19a. DATE OF 21a. EXTERNAL	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20. AUTOPSY? YES NO X						
	OR CONTRIBUTING			Tay, Year	21c. HOW I	NJURY OC	CURRED (Er	nter natu	re af injury i	n Part I a	or Part 2, I	tem IB.)		
21d. INJURY O	2101	ACE OF INJURY (ory, office building		street,	21f. LOCATIO	DN Street	or R.F.D. No		City ar	Tawn		County	Stote	
death r	esulted from:	Natural caus	ses X, A		, Suicide	CHIE	psy, Hamicion F MEDICAL STANT MED	le, EXAMINI	Undete		manner		n my apinio	
EXAMINER'S NAME (Type)		DICT SK			(1	DEPI	UTY MEDICA	AL EXAMI	NER A	MA	Y 22	1968 d, Mary	land	
23a. BURIAL, CREMA REMOVAL (Spe BURIAL)	ATION, 23b. [23c. N/	ME OF CEMETE	ERY OR CREM	ATORY			LOCATION (C	ity or To		(County)	(Stote) YLAND LEGANY	
24. FUNERAL DIRECT				ADDRESS			2Sa. REC'I	BY REC			EGISTRAR'S	SIGNATURE	Judge	

DATE

968

VR A15ME (5)

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06336 CERTIFICATE OF DEATH 86402 Last , 2o. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR A ofter death, ond (Type or print) MANOnth HOWARD CROWE 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years làs gighdoy) MALE WHITE MARCH 13/1879 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED Y DIVORCED [ALLEGANY GARRETTCO 12a. USUAL OCCUPATION (Kind of wark dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR law requires that the death certificate be executed within during mast af working life, even if retired.) **INDUSTRY** CUMBERLAND MEMORTAL HOSPITAL 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before, 13 ond completely remove corbon Own Farmer 13e. STREET AND NUMBER CONACONING, MD. 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Last Last puo CROWE JOHN JANE Crowe 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) Yes, na, ar unknawn) MEMORIAL HOSPITAL, CUMBERLAND, MD. 219-54-1887 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSTQUENCE OF ECOMPENSATION (anditions, if ony, which gave) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NONE YES 🗀 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 21b. TIME OF INJURY (Enter nature of injury in Part 1 ar Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Tawn Caunty While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from 1/4 / 2, 1968, ta 1968, that (1) (we) last saw the deceased alive on 1978, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated abave, (1) (see did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22 MEMORIAL HOSP., CUMBERLAND, MD. DR. CAWLEY NAME (Type) director, 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 5/27/68 Crowe Cemetery Raurel Lonacoming G. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 28 DATEMAY 1968 George Eichhorn Lonaconing. Md. 30M REV. 1/98

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

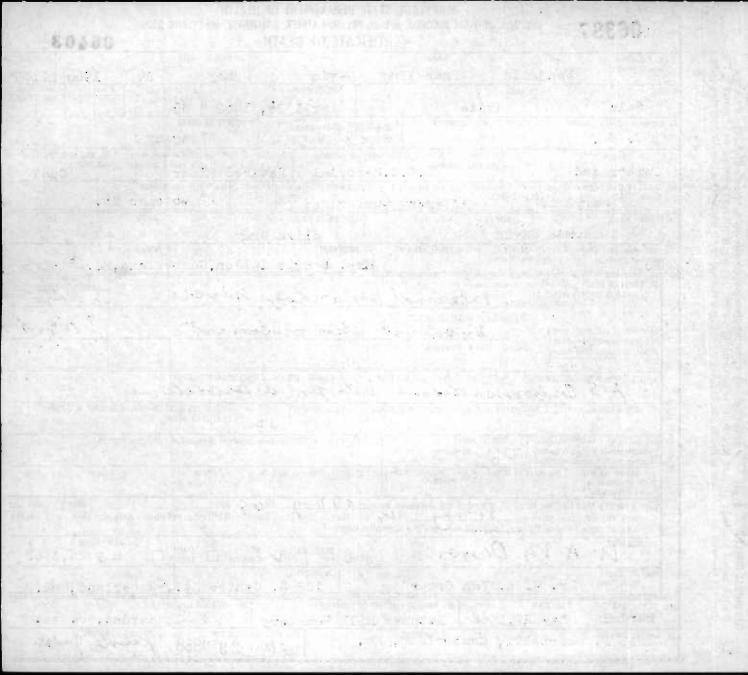
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					CENTIL	ICATE OF	DEATH			0030	0
	CEASED-NAME	First		Middle)	Last		2a. DATE OF			2b. HOUR
(1)	ype or print)	Ben	jamin	Fran	nklin	Davis		May	Manth 24 Doy	1968	11:05
3. SEX	X		4. RACE			S. DATE OF E	BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		W	hite		Apr	il 24,	1882	last birthday) YRS.	MONTHS DAYS	HOURS MIN.
7a. B	IRTHPLACE (State or f	oreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRI	ED NEVER MA	RRIED 9	. COUNTY OF			
Caum	try) W. Va.			USA	WIDOW	[40.49]	ORCED 🔲	A	Llegany		Me
	TY OR TOWN OF DEA		1	1. NAME OF HOSPITA	LOR INSTITUTION ((If nat in haspital	12a. USUAL	OCCUPATION	(Kind of work done	INDUSTRY	BUSINESS OR
	Cumberlar		9	ive street oddress)	0.A.M	emorial			life, even if retired.) Lner	Medaiki	Coal
	USUAL RESIDENCE (WI ssion) STATE Mar	ylan	ed lived, if inst 13b. COUNT	titution: Residence		or town nberlan	13d, INSIDE CITY LIMI		Potomac	St.	
14. F		irst	Middl	-	Last	15. MOTHER'S N	AAIDEN NAME Fire	st	Middle		Last
	Th	omas	Davis			E	liza Br	ay			
16a.	WAS DECEASED EVER es, na, ar unknawn)	N U.S. ARM	ED FORCES?	16b. SOCIAL SE		7. INFORMANT			Address		
	No.				1	drs. Be	ssie Ke	ller,	umberland		ister_
1	18. CAUSE OF DEAT PART I. DEATH V				and (c).)		1	10-1	94.	BETWEEN C	ONSET AND DEATH
	FAKI I. DEAIN	IMMEDIA	TE CAUSE (a) _	These	inal H	uller	hage	100	-4	3 de	ays
	5000			OR AS A CONSEQUE	NCE OF	. 0.			7	7 1	1 40 m A
-	Conditions, if any, w		(0)-	Duod		allen	new	mer	/1		Jens
	stating the underly		DUE TO, 0	OR AS A CONSEQUE	NCE OF						1
	last. 5470	,	(c)_	IDUTING TO DEATH	DUT NOT DELATE	D TO THE TERMIN	AL DICEACE OD CO	NOTION CIVE	U IN DART 1/-)		
	PART 2. OTHER SIGN	FICANI CON	linons contr	c. dis	eure L	with 70	al disease or co	Conso	ellewin		
NO.	19a. DATE OF OPERATION			WHICH OPERATION		20o. AUT			YES. WERE FINDINGS CO		ERTIFYING
CERTIFICATION	TOO DATE OF OF ERVIE		·	WHICH OF EXAMPLE	THIS YEAR OR THE	YES [OF DEATH?		
	21a. ACCIDENT WAS		m 1 m 2 1 1 1 1 1	E OF INJURY		. HOW INJURY OF	CURRED (Enter	nature of inju	ry in Part 1 or Part 2,	Item 1B.)	
MEDICAL	OR CONTRIBUTING [.M. Manth Day .M.	Year 19						
17	21d. INJURY OCCURR While Nat while at wark	ED 21e.		RY (AT HOME, FARM, S OFFICE BUILDING,	STREET, FACTORY.) 21	f. LOCATION Stre	eet or R.F.D. No.	City	or Town	Caunty	State
	00 1 11	ot (l) (thi	s hospitol)	ottended the d	eceosed fram.	24 m	my, 1960	S, to	, 19_	, thot	t (I) (we) los
	saw the de causes stat	ceased ol ed obave	ive on, , (I) (we) (d	id) (did not) vie	w the body aft	ond thot in (r er deoth.	ny¶ (our) opin	iốn deoth d	occurred on the do	te ond hour	ond from th
	22b. SIGNATURE	A. 1	ran C	emos	0	DEGREE PHYS.		D. RECTOR	CTAFF	DATE SIGNED May 26	,1968
	22d. PHYSICIAN'S NAME (Type)	Dr.	W. A.	Van Orn	ner	22e. AD		entre	St., Cumbe	rland,	Md.
23a.	BURIAL, CREMATION,	23b. [AME OF CEMETERY				ON (City or Town)	(County)	(State)
	REMQYALISperify)	_	27,1		thken H				Elk Gard		Va.
24.	James I.	Scar	pelli,	Cumber	DDRESS MC	i.	DATE MAI	REGISTRAR 29 1	968 REGISTRAR'S	SIGNATURE	edge

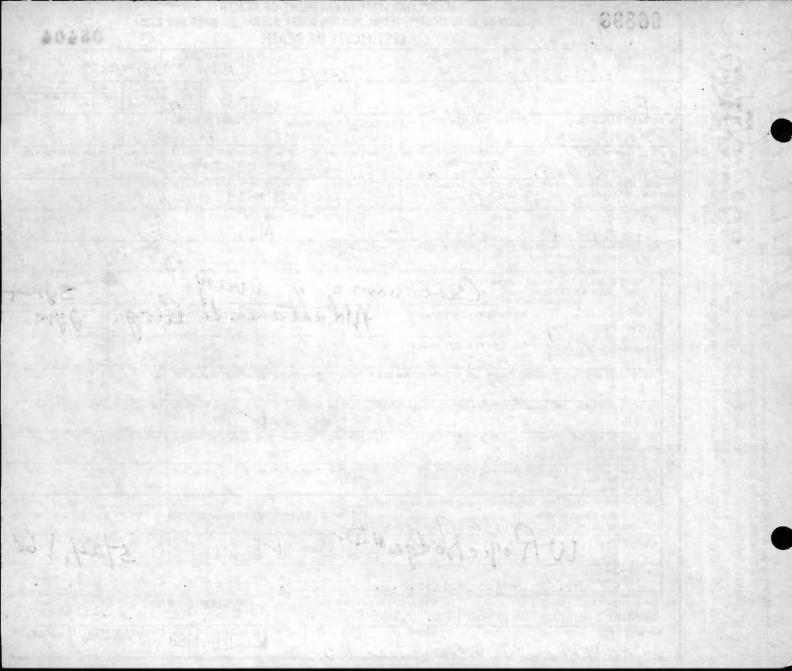
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the fun director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours, Page 4 moy be retained by the hospitol or attending physician.

After

VR A15 (4) 30M REV. 1/68



		DIVISION OF VITAL		ESTON STREET, BALTII NTE OF DEATH	MORE, MARYLAND 21201	0640	14
dearn.	(1	CEASED-NAME First YPE ar print) JEANETTE	Middle	Last AVIS	2a. DATE OF DEATH Month 23	Day 1968 Far	2b. HOUR,
rs ourde	3. SE	FE 4. RACE	TE	DATE OF BIRTH			HOURS MIN.
/2 non	coun	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTY) MARYLAND U.S.	WIDOWED	DIVORCED _	9. COUNTY OF DEATH ALLEGHA	4 Y	Mo
event, within	C	UMBERLAND give street ad CUMB	. NURSING +	toME during ma	L OCCUPATION (Kind of work do ist of working life, even if retire	d.) INDUSTRY HO	SINESS OR Om e
ly event	admi	USUAL RESIDENCE (Where deceased lived, if institution: Resission) STATE 13b. COUNTY 16h	HANK OLD TO	VES NO	- MAINS	TREET	1,82
ond in ony		AS A FOY A Middle WAS DECEASED EVER IN U.S. ARMED FORCES? 1166.50	milton	MOTHER'S MAIDEN NAME FI	ary E.	W;	Son
removal, o		es(na, or unknawn) (If yes give war or dates of service)	1	Marie De	rigg RD Addres	Old Joson	MJ.
cremotion, or rem		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONCENTION of the underlying cause DUE TO, OR AS A CONCENTION of the underlying cause	SEQUENCE OF	dastas	vary lin	g 27	AND DEATH
pilot lo bolidi,	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)		
2	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPE		20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDING CAUSES OF DEATH?		IFYING
or Health	MEDICAL CE	(If either, natify medical examiner) P.M.	h Day Year 19		nature of injury in Part 1 or Part	t 2, Item 18.)	
, c	W	at wark at wark	UILDING, ETC.		City ar Tawn	Caunty	State
20		22a. I certify that (I) (this haspital) attended saw the deceased alive on couses stated above, (I) (ve) (did) (did no	19, and	that in (my) (aur) apir tath.	, ta, nion death accurred an the	19, that (date and haur ar	l) (we) las nd fram the
led with		22b. SIGNATURE Who offer.	Joege, M. DEGREE		ED. STAFF PHYS.	22c. DATE SIGNED	68
Id be th		22d. PHYSICIAN'S NAME (Type) Dr. Wm.Royce Ho			entre St., Cum		Md.
Smould		BEMOTAL (Sprcity) May 26,1968	23c. NAME OF CEMETERY OR CO	emetery	Near Oldtown	,Md.Alleg	(State)
(4)	24.	FUNERAL DIRECTOR	ADDRESS C	OM B, 2Sa. REC'D BY	REGISTRAR 1968 REGISTRA	ARS SIGNATURE	del



FOR STATE HEALTH DEPT.

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are Depo

TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages 1 and 2 with the St 5 Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death. 5 may be retained for your files.

VR A15ME (5)

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

SICAL EXAMINER:

TO DEPUTY

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with

This certificate should be executed within 24 hours ofter death.

ODIVISION OF	VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAR	CYLAND 2
3	MEDICAL EXAMINER'S CERTIFICATE OF DEAT	H

	000	33	MEDIC	AL EXAMINER'S	CERTIFICAT	E OF DEATH		06405
	ECEASED-NAME Type or Print)	First		Middle	Davis.		2a. DATE KNOWN Manth OF ESTI- DEATH MATED May	Day Year 2b. HOUR 9,19686:40 D.M
3. S		4. RACE White	S. DATE OF BIR	TH 6. AGE (In lost birthd	years IF UNDER 1 YEAR		2c. DATE PRONOUNCED DEAD	196819 64 4268
10. (coun	BIRTHPLACE (State of the state	g Gap Md F DEATH And Md ICE (Where decease	USA	ME OF HOSPITAL OR INSTITUTE OF HOSPITAL OR INSTITUTE OF HOSPITAL H	MARRIED NEVER I	IVORCED A tal 12a. USUAL a during most. Costod 13d. INSIDE CITY LIMITS? YES NO	LINTY OF DEATH Legany CCUPATION (Kind of work done of warking life, even if retired.) Lan, 13e. STREET AND NUMBER R.F.D. #4 Cumb	Md. 12b. KIND OF BUSINESS OR INDUSTRY
	Cha	rles		Davis	Lore	tta	St	allings
(Y	WAS DECEASED F es, na, ar unkna Yes	VER IN U.S. ARMED F wn) (If yes give v WW II	var or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Mark Day	is R.F.D	ADDRESS • #4 Box 265 Cu	umberland Md.
		DEATH WAS CAUSED		ne far (a), (b), and (c).)	Corona	nu Oool	usion	BETWEEN ONSET AND DEATH Sudden
	rise to immed stating the u last.	any, which gave diate cause (o), onderlying cause	(b)	AS A CONSEQUENCE OF			lerosis	
	4 2 1 /	SIGNIFICANT CONDI	HONS CONTRIBUTI	NG TO DEATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE OR CONDITI	ON GIVEN IN PART 1(a)	
MEDICAL CERTIFICATION	190. DATE OF (OPERATION		19b. CONDITION FOR WHICH WAS PERFORMED?	H OPERATION			20. AUTOPSY? YES NO X
DICAL CER	21a. EXTERNAL PRIMARY C CAUSE OF DEA	R CONTRIBUTING			21c. HOW INJURY	OCCURRED (Enter nat	ure of injury in Part 1 ar Port 2, I	Item 18.)
ME	21d. INJURY OC WHILE AT WORK		LACE OF INJURY (A tary, office building	t hame, farm, street, g, etc.)	21f. LOCATION Stre	eet ar R.F.D. Na.	City ar Tawn	County State
230	ACTUAL SIGNATURES EXAMINER'S NAME (Type) BURIAL, CREMA	BENED ATION, 23b.	Notural cous	es Accident C CTARELIC, I	, Suicide	, Homicide CHIEF MEDICAL EXAMINASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM ADDRESS(Street, city, t	NER AMINER 22b. DATE	SIGNED 9, 1968
24.	FUNERAL DIRECT		12/68 Inc. (Davis Fam: ADDRESS Jumberlan	el Ma	2Sa. REC'D BY RI	1000	(allegany) SIGNATURE Judge.

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THE REPORT OF THE

06400 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05406 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. (Type or print) the funeral Month MAY GIRL BABY DE HAVEN after (3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years by the t lost birthdoy) HOURS 05-12-68 WHITE FEMALE within 72 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED [NEVER MARRIED [illed in I WIDOWED [DIVORCED [U.S.A.MARYLAND U.S.A. ALLEGANY campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** remave carban CUMBERLAND event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES NOV CUMBERLAND RT#2, BALT. FIKE, ALLEGANY burial, crematian, ar remaval, and in any 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Lost Middle Lost CHRISTINA H. GENE DE HAVEN (HOOK) HELEN DE HAVEN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) HOSPITAL RECORD 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-transit rise to immediate couse (a). by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: The law 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING QS O CAUSES OF DEATH? YES 🗍 NO [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22o. I certify that (I) (this hospital) attended the deceased from.... , that (I) (we) lost ____, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive on.... be retained couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. TO HOSPITAL (Page 4 may b 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DR. ROBERT BRODELL 500 GREENE ST., CUMB., MD. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

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GREENE ST., CUNB., NO.	\$60	RT akibett	3007 .AG - PAR

Poges I and urs ofter death.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Paged of the brief of the prior to burial, cremation, or removal, and in any event, within 72 haurs.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs Page 4 may be retained by the hospital or attending physician.

funeral

after death

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11641				CERTIF	CATE OF	DEATH			0.0	407
1. DECEASED-NAME	First		Middle		Last		2a. DATE O			2b. HOUR
(Type or print)	GEORGE	AM	BROSE	DIE	łL .		May	Manth 22	Day 68 Year	1:30a
3. SEX		4. RACE			S. DATE OF	BIRTH		6. AGE (In years	IF UNDER 1 YEAR	
Male		Wh	ite		May 2	, 1886		last birthday) 82 YR	MONTHS DAYS	S HOURS MIN
a. BIRTHPLACE (Sto	ate or fareign	7b. CITIZEN OF WH	HAT COUNTRY?	8. MARRIE	NEVER MA		9. COUNTY O	F DEATH		
Pennsyl	vania	U. S. A		WIDOWE		ORCED	A.	llegany		N
O. CITY OR TOWN	OF DEATH	11. N/	AME OF HOSPITAL OR IN:	STITUTION (I	not in hospital	12o. USU	JAL OCCUPATION	(Kind of wark dan	e 12b. KIND C	OF BUSINESS OR
Cumberla	and	give s	street gddress) 18 Gephart	Drive	9	during m	nost of warking	life, even if retired. on Supply	.) INDUSTRY Ceme	ent.
30. USUAL RESIDEN	NCE (Where deceose	d lived, if institut	ion: Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY		TREET AND NUMBER	00.00	7110
dmission) STATE Marylan	ıd	13b. COUNTY Alleg	anv	Cumbe	erland	YES N	10 0	8 Gephart	Drive	
4. FATHER'S NAME		Middle	Lost			MAIDEN NAME		Middle		Lost
	Taylor		Diehl			1	Martha			
	EVER IN U.S. ARME		16b. SOCIAL SECURITY	NO. 17	. INFORMANT	1	LET UITO	Address	1.0	
Yes, na, ar unkno	(If yes give wa	ar or dates of service)	-	1	nna M.	Diehl	808 Ge	phart Dr.	Cumb.	Md.
	F DEATH (Enter only	v one couse per li	ne for (a), (b), and (c)		0	-4-			APPRO.	XIMATE INTERVAL
	DEATH WAS CAUSED	BY:	anale	n	1 Ate	Sala	aus		G (ONSET AND DEATH
2112	IMMEDIAT	TE CAUSE (a)	S & CONTROLLED OF	1	-/-	0			- 1	1
Conditions if	any, which gove)	DUE TO, OR A	AS A CONSEQUENCE OF	J						U
nse to imme	diote cause (a),	(b)	LC A CONFERNITURE OF	-						
	inderlying couse		AS A CONSEQUENCE OF							
last. 350	X	(c)					40			
ARI 2. OTHE	K SIGNIFICANT CONL	DITIONS CONTRIBU	TING TO DEATH BUT N	UI RELATED	TO THE TERMIN	IAL OTSEASE UK	40	1 4 0	·lin	
3 Jene	race	ea Nue	belly	10	you	res		onju	s concidence in	CERTICIONO
120. DATE OF C	DPERATION 1982	ONDITION FOR WH	ICH OPERATION WAS P	KHOKWED	20a. AU		CALISE	F YES, WENT FINDINGS	2 CONSIDERED IN	CERTIFYING
					YES					
	T WAS UNDERLYING		F INJURY Month Day Year	21c.	HOW INJURY O	CCURRED (Ente	er noture of inju	ury in Port 1 or Part	2, Item 18.)	
(If either, not	ify medical examine	er) P.M.	1	9						
	OCCURRED 21e. F	PLACE OF INJURY	AT HOME, FARM, STREET, FA	(TORY,) 21f.	LOCATION Str	eet ar R.F.D. No	o. <u>Cit</u>	y ar Tawn	Caunty	State
While No	work				-//			21.0	10	
22o. I cert	ify that (1) (this	s haspital) atte	did nat view the	ed fram	111915	, 19_	, ta	2/14	19 <u>60</u> , the	at (I) (we) la
saw t	he deceased ali	ive an	114/00	90	nd that in (my y (our) ap	oinian death	accurred on the	date and hav	r and fram th
		(I) (we) (did)	dual nat view the	body atte	r death.					1
22b. SIGNATU	100	!	Ma	1	ATTENI		MED.	STAFF	2c. DATE SIGNED	168
	0	101	7 100	/U DE	GREE PHYS.		DIRECTOR L	PHYS.	PIL	100
22d. PHYSICIA NAME (T		77	1)			DDRESS	7 771	7 77 7	1	
	Mona							y. LaVale		
23a. BURIAL, CREM REMOVAL (Spe	eriful		23c. NAME OF					ON (City ar Tawn)	(Caunty)	(State)
Burial	1.5/	24/68	Hillcre		irial P		Cumber	rland, All		Md.
24. FUNERAL DIREC			ADDRESS			250. REC'D	BY REGISTRAR	2Sb. REGISTRAI		
Philip B	. Wendt .	121 Memo	rial Ave.	Cumb	Md.	DATE M	11141	1968 gcc	cores y	mage

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MARYLAND STATE DEPARTMENT OF HEALTH 06402 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05408 CERTIFICATE OF DEATH DECEASED-NAME First Lost 2g. DATE OF DEATH Middle 2b. HOUR and 2 death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) Moto thay GARDNER 1968 ALLEN May 4 RACE S. DATE OF BIRTH 3. SEX 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 10/12/1905 White Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) USA. Allegany MD. DIVORCED [WIDOWED | ban pap within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) Frostburg Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 🟋 NO Allegany St. Lonaconing in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Gardner Tenant Edward Martha and 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, no or unknown) Ada Gardner Lonaconing, Mrs. WIRE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 300119 IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING far use as CAUSES OF DEATH? NO 🔲 YES 🔲 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark TO FUNERAL DIRECTOR: Aff 22b. SIGNATUR 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LONACONING 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) Buria L 5/21/1968 Laurel Hill Cemetery Moscow, Allegany, MD. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

Lonaconing, Md.

DATE

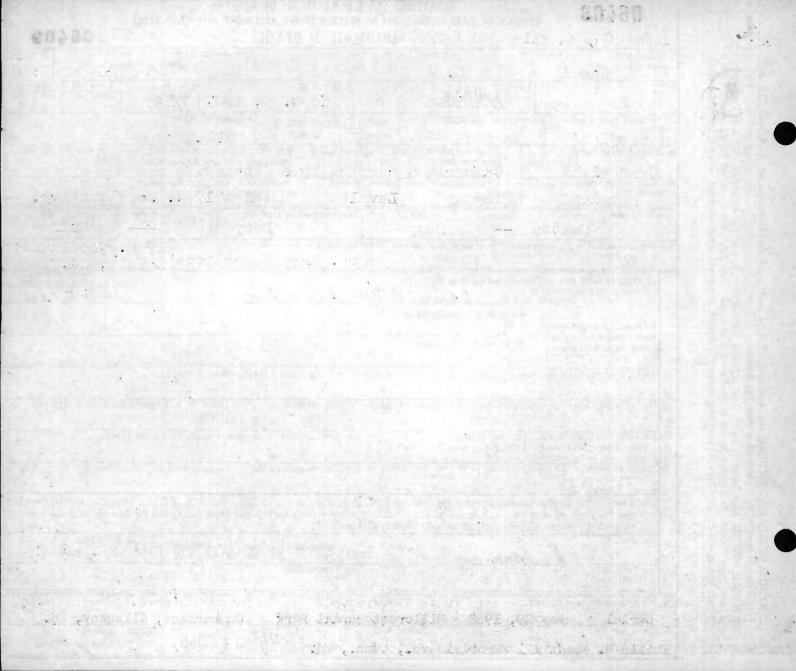
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30M REV, 1/68

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	Ιt	ems #4 & 6	, fi	lm G40	01 6/7/68	CERTI	FICATE OF	DEATH				5409
	DEC	EASED-NAME pe or print) Naom	First		Middle G •		Lost		2o. DATE OF	DEATH Month 5	Doy 26 Year	2b. HOUP 11
3.	SEX			4. RACE	lhite eyyydan	V	S. DATE OF BIR		1887	6. AGE (In years last hirthday)	YRS. IF UNDER 1 Y	YEAR IF UNDER 24 HRS. OAYS HOURS MIN.
	o. Bil	RTHPLACE (Stote or foreign) Maryland	gn 7b.	CITIZEN OF W	HAT COUNTRY?	B. MARR	IED NEVER MARI	RIED 7	All	DEATH		Md.
30		y or town of DEATH Cumberlan	d	give	IAME OF HOSPITAL OR street address)	Nur	sing Ho	12o. USUAL during mos	OCCUPATION of working	(Kind of work d Jife, even if retire L.f. C	one 12b. KIN ed.) INDUST	ND OF BUSINESS OR TRY
) / 13	lo. U	SUAL RESIDENCE (Where sion) Marylan	deceosed l	ived, if institution in the country of the country	tion: Residence befor	e 13c. CIT	OR TOWN	YES NO	ITS? 13e. ST	REET AND NUMBER	r odlawr	n Ave.
14	I. FA	THER'S NAME First De:	nton	Middle	lost Bucy		15. MOTHER'S MA	IDEN NAME Fir Maj		Midd	- I	Lost Huff
10	6o. V Yes	NAS DECEASED EVER IN U	J.S. ARMED yes give war or o	FORCES? dates of service)	16b. SOCIAL SECURIT		17. INFORMANT Mrs. Ma	ry Hos	sselr	Addre ode Lav	Tale.	odlawnAve M PPROXIMATE INTERVAL
90 13 oc	() r s la	Conditions, if ony, which rise to immediate coustoffing the underlying ost. PART 2. OTHER SIGNIFICA	CAUSED BY MMEDIATE (gave) e (a), couse ANT CONDITI	DUE TO, OR (b) DUE TO, OR (c) ONS CONTRIBU	AS A CONSEQUENCE OF	OF NOT RELATE		DISEASE OR CO	ONDITION GIVE		2	WEEN ONSET AND GEATH - Glass
7	CEKIIFICATION 1	90. DATE OF OPERATION	19b. CON	DITION FOR WI	HICH OPERATION WAS		20a. AUTOI	NO 🔯	CAUSES	YES, WERE FINDING OF DEATH?		IN CERTIFYING
		To. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUSI If either, notify medicol	examiner)	21b. TIME C HOUR A.M. P.M.	Month Doy Ye	or 19	c. HOW INJURY OCC	URRED (Enter	nature of inju	ry in Part 1 ar Po	rt 2, Item 1B.)	
3	0	21d. INJURY OCCURRED While Not while twork	21e. PLA		(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		f. LOCATION Street			or Town	County	Stote
	2	220. I certify that (sow the decea couses stoted) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	(I) (this h sed alive obove, (I)	on (we) (did)	ended the deced	e body af	and that in (my ter death. DEGREE ATTENDIN PHYS. 22e. ADDR	G ME		occurred on th	, 19 C. , , e date and h	D
23	30. E	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE			F CEMETERY	OR CREMATORY		23d. LOCATIO	ON (City or Town)	(County)	



director,

30M REV.

12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street addrest EMORIAL HOSPITA during most of working life, even if retired.) 618 ELM STREET Last MOSES HOSPITAL - CUMBERLAND, MD. BETWEEN DISSET AND DEAT 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) State County rand that in (my) (aur) apinian death accurred on the date and haur and fram the 22b. SIGNATURE 22c. DATE SIGNED MED. -DIRECTOR ATTENDING DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) DR. BLANE SCHINDLER GREENE CUMBERLAND 23d. LOCATION (City or Town) (County) (Storumberland, Allegany, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE May 29,1968 REMOVAL (Specify) 1 2] Hillcrest Burial Park 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. DATE JUN

06410

IF UNDER 1 YEAR

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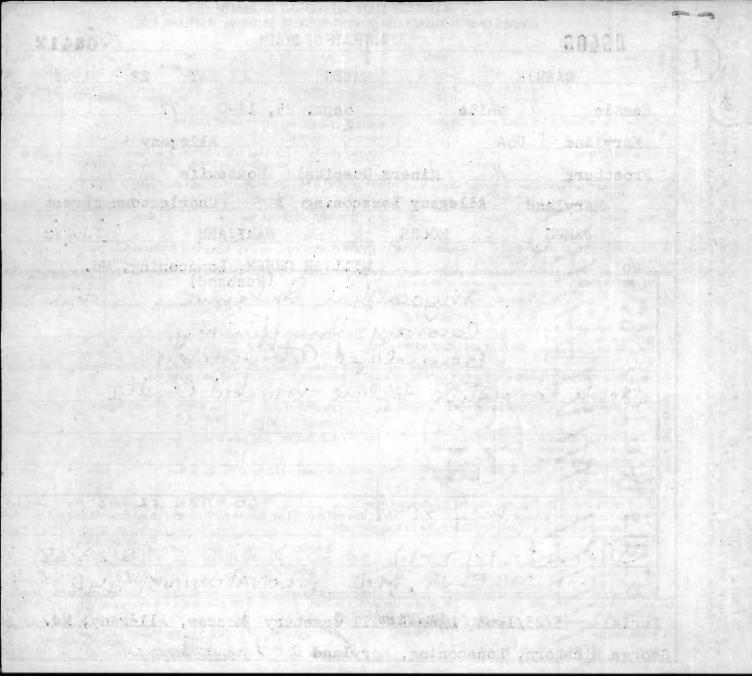
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		Item13ê,c,					TE OF DEAT			054	11
I		CEASED-NAME	First da		Middle C.		lost Grady		ATE OF DEATH Lay Month 21 De	ov1968 ^{Yeor}	2b. HOURT
	3. SE.	Female		4. RACE Whi	ite	S	DATE OF BIRTH October 1	2,1879	6. AGE (In yeors lost birthday) YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
ij		RTHPLACE (Stote or for try) St Virgini	9	D. CITIZEN OF WE	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED	9. COUN	TY OF DEATH		м
05		TY OR TOWN OF DEATH Cumberla	nd	give s		lvan Re	treat duri	USUAL OCCUPA ng most of wo	ATION (Kind of work done orking life, even if retired.) ミモルゴイモ	12b. KIND OF INDUSTRY	BUSINESS OR
01	13o. odmi:	USUAL RESIDENCE (When sisten) STATE Maj	e deceosed yland	lived, if institut 13b. COUNTY	ion: Residence before Allegany	13c. CITY OR TO	DWN 13d. INSIDE	CITY LIMITS?	3e. STREET AND NUMBER C Street		
1	14. F	ATHER'S NAME Firs		Middle	lost Fish€		MOTHER'S MAIDEN NA	ME First Sarah	Middle	P	lost almer
	16a. Y	WAS DECEASED EVER IN		FORCES? or dates of service)	16b. SOCIAL SECURITY		ORMANT	Terl)	Address	BF9t#1#	
		18. CAUSE OF DEATH PART 1. DEATH WA	(Enter only	one couse per li c	ne for (o), (b), and (c		Anna Cut	ter	Klondik	APPROXI	MATE INTERVAL DISET AND DEATH
	IION	Conditions, if ony, whi rise to immediate constaining the underlying lost. PART 2. OTHER SIGNIFIED OF OPERATION	ch gove use (o), g couse	DUE TO, OR A (b) DUE TO, OR A (c) TIONS CONTRIBU	AS A CONSEQUENCE OF	F NOT RELATED TO 1	THE TERMINAL DISEASE		N GIVEN IN PART 1(0)	, CONSIDERED IN C	FRTIFYING
X	CERTIFICATION						YES N	10 🗆	CAUSES OF DEATH?		
	MEDICAL C	21o. ACCIDENT WAS UI OR CONTRIBUTING CA (If either, notify medic 21d. INJURY OCCURRED While CA Not while CA	USE OF DEATH of exominer	21b. TIME OF HOUR A.M. P.M. ACE OF INJURY	Month Doy Yeo (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	r 19	ATION Street or R.F.		of injury in Part 1 or Port 2 City or Town	County	Stote
		22b. SIGNATURE 22d. PHYSICIAN'S	(I) (this	haspitol) atte	ended the decea	sed from A	ath.	MED. DIRECTOR	a <u>Flay 21</u> , 1 eath occurred an the c STAFF 22 PHYS. ial Hospital	c. DATE SIGNED	
	23a.	BURIAL, CREMATION, REMOVAL (Spectly)	23b. DA	TE 24/68		r CEMETERY OR C			ocation (city or Town) aberland All	(County) Leg Mary:	(Stote)
1 1		FUNERAL DIRECTOR			ADDRE:			C'D BY REGIST	RAR 25b. REGISTRAR		Judge
58	I	Lee Silco	X	Cumberl	land, Mary	rland 21	502 DATE	MAY	27 1968		00

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1	06406			CERTIFICAT	E OF DEATH			084	12
	ECEASED-NAME Type or print)	First	Middle		Last	2a. DATE OF	and the second second	Day Year	2b.
1_	C/	ARRIE		GREE	- 6.1	MA	22	196	8
3. SE	EX	4. RACE		S. I	DATE OF BIRTH		6. AGE (In years lost birthday)	MONTHS OAYS	HOURS
	Female	W)	nite	Se	pt. 25.	1890	77 YR		HOOKS
	BIRTHPLACE (State ar fareign	7b. CITIZEN O	F WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF	DEATH		
caur	Maryland	USA		WIDOWED	DIVORCED	A1	legany		
	CITY OR TOWN OF DEATH	1	1. NAME OF HOSPITAL OR II	NSTITUTION (If nat in	haspital 12a. USU	JAL OCCUPATION	Kind of work dans		BUSINE
1	Frostburg	9	give street oddress)	ers Hosn	oital during	nost at working l	fe, even if retired.	.) INDUSTRY	
130.	USUAL RESIDENCE (Where de	eceased lived, if ins	titution: Residence before	13c CITY OR TOV	VN 13d INSIDE CITY	LIMITS? 13e. STR	EET AND NUMBER		
admi	issian) STATE Mary	land	WAllegany	Lonacor	ning YEST	vo□ Ch	arlesto	wn Stre	et
14. [FATHER'S NAME First	Midd	le Last	15. MC	THER'S MAIDEN NAME		Middle		Los
	JAMI	ES	MOORI	2	MA	RY ANN		JON	ES
16a.	. WAS DECEASED EVER IN U.S.	. ARMED FORCES?	16b. SOCIAL SECURITY				Address		
Y	res, no, or unknown) (If yes	s give war or dates of service	1)	WILI	JAM GREE	N. Lon	aconing	. Md.	
	18. CAUSE OF DEATH (Ente	er only one cause o	er line for (a), (b), and (c			usband		APPROXIA BETWEEN OF	AATE INT
	PART I. DEATH WAS C	AUSED BY:	Music		1 Donal	NO 1016	9	dou	S VINC
	4109	MEDIATE CAUSE (a) _	OR AS A CONSEQUENCE O		~ 0 0			Sacy	1
	Conditions, if any, which g		^		1				
	nse to immediate cause	(o),((b)_	OR AS-A CONSEQUENCE OF		mon of	course	H		-
+	stoting the underlying co	036	CA CONSEQUENCE OF	Doisign	G. to	rosclei	05:5		
	PART-2. OTHER SIGNIFICANT	T CONDITIONS CONTI		v-vice-	TEDMINAL DISEASE OF				
	On t	CONDITIONS CONTI	CIBOTING TO DEATH BUT	Lai DII A	The state of the s	1	3 Cont	- 1	
S S	190. DATE OF OPERATION	19 CONDITION OF	R WHICH OPERATION WAS P	, accord	20a. AUTOPSY?		YES WERE FINDINGS	S CONSIDERED IN CE	PTIFY
CERTIFICATION	170. DATE OF OF ERATION	TAB. CONDITION FOR	. WITHCH OF EXAMON WAS I	EKIOKMED	YES NO	CALICES	OF DEATH?	S CONDIDENCE IN CE	KIII II
E	21g. ACCIDENT WAS UNDER	PLYING 215 TIM	AE OF INJURY	Tale HOW I	NJURY OCCURRED (Ent		in Part 1 or Port	2 Itam 19 \	
	OR CONTRIBUTING CAUSE O	F OEATH HOUR A	.M. Manth Day Yea		MONT OCCORNED (EIII	er narare ar injury	riii ruit i ui roit .	2, 116111 10.)	
MEDICAL	(If either, natify medical ex 21d. INJURY OCCURRED			19 216 LOCATI	ION CARRA D.F.D. N	- Cit.	or Tawn	County	
	ANTHE MOLANING	ZIE. PLACE OF INJU	IRY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACIONI. 211. LOCATI	ION Street of K.F.D. N	d. City	or Idwn	County	
	di work di work	\ \(\text{1} \)		1.6	10	/ = to Ma	A., 50 1	19.68 , that	/11 /
100	22a. I certify that (I)	(this haspital)	May 21	sed from	at in (my) (our) or	pinian death a	cuped on the	dote and hour	(I) (
	causes stated at	bove, (I) (we) (c	did) (did at) view the	e bady after dea	th.	omian deam a	ccorred on the t	dore ond noor c	ario i
	22b. SIGNATURE	V	1				22	c. DATE SIGNED	
	Tum	me?	my	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	3.23.6	80
	22d. PHYSICIAN'S	2	7	1	22e. ADDRESS				
								10 0 1	
	NAME (Type)	B. WIL	ES JR.	M.D.	rou	VACOV	ING	IVID,	
230.		23b. DATE		F CEMETERY OR CRE	<u> </u>		(City or Town)	(County)	(Sto
23a.	BURIAL, CREMATION,	23b. DATE	23c. NAME O	F CEMETERY OR CRE	MATORY	23d. LOCATIO	N (City or Town)	. ,,	,
	BURIAL, CREMATION,		23c. NAME O	F CEMETERY OR CRE	MATORY Emetery	23d. LOCATION MOSCOT BY REGISTRAR	N (City or Town)	gany, M	(Sto

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the structor, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Arould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH requires that the death certificate be executed within 24 hours after death. (Type or print) CLARA BELT. HELFRICH 3. SEX 4. RACE S. DATE OF BIRTH IF LINGER I YEAR 6. AGE (In years lost birthdoy) OAYS HOURS FEMALE WHITE 6-16-1888 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) CUMB. attending physician ond completely filled in permit. Then please remove carbon papers. WIDOWED Y DIVORCED [ALLEGANY COUNT 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY MEMORIAL HOSPI TAI CUMBERIAND MD MEMORIAL

130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before event, 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE CUMBERLANDYES X SYLVAN **AVENUE** EGANY 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Lost **BROPHY** WILLIAM ELLA DANNER MARY 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, not of unknown) or removal, MEMORIAL HOSPITAL CUMBERLAND. 21/1-05-7230B 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) cremotion. Conditions, if ony, which gove burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) for OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M. detoched (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 19 66 to May 17. 22a. I certify that (I) (this haspital) attended the deceased from 1966 to 1966, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type)DR. 236 VIRGINIA AVE .. director, should 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, 5/21/68 REMOVAL (Specify) S.S. Peter & Paul Cemetery Cumberland Alleg Maryland FUNERAL DIRECTOR ADDRESS 25b REGISTRAR'S SIGNATURE 2So. REC'D, BY 30M REV 68 H.Lee Silcox Cumberland, Maryland 21502

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06408 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours ofter death HENSEL MAY Manth 2) Day (Type or print) ORLANDA EARL 1968 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last reighday) ANGUST 18, 1895 HOURS WHITE MALE physicion and completely filled in by, 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH ^{8.} MARRIED 🎮 NEVER MARRIED 🔲 country) CUMBERLAND USA ALLEGANY WIDOWED DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If a give street oddress FMORIAL HO 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during proper at working ties every fretired) OFNODERO RATLROAT 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET, AND NUMBER RFD#1 GREENPOINT CUMBERLANI admission) STATE MARYTAND 13b. COUNTY ATTEGANY REDI CUMBERLAND X NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Last Last HENSEL ALICE HENRY CHARLES BELL 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no prunknawn) ELSIE H. HENSEL RFD# 1 GREENPOINT. 705-05-4726 CUMBERLA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave signed by the burial-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the cardiovasen or eliseast O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 佛 NO 🗔 be retoined by the hospitol or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) Por OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) should be detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceosed from 5-24, 1968, ta 5-24, 1968, that (I) (we) last saw the deceased alive an 5-24 1968, and that in (my) (our) opinian death accurred on the date and hour ond from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) V. P. DROSS director, should b CUMBERLAND MD 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 27 MAY 68 REST LAWN MEMORIAL PARK ALLEGANY MARYLAND LAVALE 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 M

DATE

H. LEE SILCOX hol DECATUR ST CUMBERLAND MD

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06410 CERTIFICATE OF DEATH 2b. HOUR last 2a. DATE OF DEATH 1. DECEASED-NAME First Middle May Month James (Type or print) Jessie 28° 1988 11.30 M 4 RACE 5 DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR last birthday) Aug. 31, 1885 White Female within 72 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how country Maryalnd = U.S.A. Allegany DIVORCED WIDOWED IX 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY remove carbon Barton event, 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Allegany odmission) STATE NO SC Md. YES Barton burial, crematian, or removol, and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First William Minerva Miller Anderson 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknown) Phyllis Dye-Barton, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE Q Page 4 may be retoined by the hospitol or attending physician. stating the underlying cause signed l PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEMSE OR CONDITION/GIVEN IN PART prior to CERTIFICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION S CAUSES OF DEATH? YES 🗀 , page 3 should be detoched for use be filed with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram 1968, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE_SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) H.O. Diehl Frostburg. Md. director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) 5/29/68 PREMOVAL Specify) Moscow Mills. Md Mt. View ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (A) Westernport, Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	11641		- 23	C	ERTIFIC	ATE OF DEATH				064	17
(1	ECEASED-NAME Type ar print)	First ADA		Middle B.		JENK I NS	2a. DATE (MAYManth			2b. HOUR
3. SE	FEMALE		4. RACE WHITE			S. DATE OF BIRTH FEBRUARY		6. AGE (In)	years ay) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	BIRTHPLACE (State or fo	9	USA		WIDOWED		9. COUNTY (AL	EEGA	NY	Md
	CUMBERLA	ND, MI	give st	ME OF HOSPITAL OR INST	HEART	HOSP. during	SUAL OCCUPATION THOUSEN			12b. KIND OF INDUSTRY OWN H	BUSINESS OR
13a. admi	USUAL RESIDENCE (Whissian) STATE MAR	YLAND	lived, if institution 13b. COUNTY A	nn: Residence before		TOWN 13d. INSIDE CIT		STREET AND NU		т.	
14. F	FATHER'S NAME FI	AS	Middle G •	LEWIS	15	MOTHER'S MAIDEN NAMI WORKMAN	First MARY		Middle AUDE	LEW	Last 11 S
	. WAS DECEASED EVER I (es, na, ar Misnawn)	N U.S. ARMED (If yes give war	FORCES? or dates of service)	2 15 -20 -64		HOSPITAL !	RECORD	A	ddress		
	18. CAUSE OF DEATH PART I. DEATH V	AS CAUSED E	BY:	e far (a), (b), and (c).)	u s	HEART	FAL	LURA			MATE INTERVAL ONSET AND DEATH
	3940 Canditians, if any, w	nich gave)	DUE TO, OR A	S A CONSEQUENCE OF	1	EN0313 +			vey	10	YRS
	stating the underlyi	ng cause		SA CONSEQUENCE OF RHIBUMA	Tile	14 FA 127	- Disi	PASR		50	MRS
N	PART 2. OTHER SIGNI	FICANT CONDI				THE TERMINAL DISEASE (DR CONDITION GI	VEN IN PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION	N 19b. CO	NDITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO		IF YES, WERE F SES OF DEATH?	INDINGS C	ONSIDERED IN C	ERTIFYING
MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	AUSE OF DEATH		Manth Day Year 19		OW INJURY OCCURRED (E	nter nature of in	njury in Part 1 o	ar Part 2,	Item 18.)	
W	21d. INJURY OCCURR While Nat while at wark			AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		CATION Street ar R.F.D.		ity ar Tawn		Caunty	State
	22a. I certify the saw the dec causes state	at (1) (t his eased alived abave,	hospital) atte re an(i) (we) (did) (nded the decease 2-0 19 did not) view the b	d fram_ Le&, and ady after	d that in (my) (our) death.	م م م م م م م م م م م م م م م م م م م	accurred a	, 19. n the do	that te and haur	(I) (we) las and fram the
	22b. SIGNATURE	Zn	ye.	el	MTDEGR		MED. DIRECTOR	STAFF C		DATE SIGNED	8
	22d. PHYSICIAN'S NAME (Type)	. m	ICHAGO				· Sm	ALLWO	000	Str	
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA May	1E 23, 19	68 Hillo		Burial Park	c Cumb	TION (City or To	. Md	(County)	(State) gany
24.	FUNERAL DIRECTOR	Scarp	elli, C	umber ADDRESS	, Md.	2Sa. REC'	D BY REGISTRAR	1968 RE	GISTRAP	SIGNATURE O	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Poge 4 may be retained by the hospitol or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in director, page 3 should be detached for use os the burial-tronsit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 2o. DATE OF DEATH DECEASED-NAME First deoth. (Type or print) Month Adam Johnson 1968 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR lost birthdoy) MONTHS DAYS 3/21/85 White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED the attending physicion and completely filled in sit permit. Then please remove corbon papers. country) WIDOWED X DIVORCED [U.S. Allegany County Maryland low requires that the death certificate be executed within 24 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital cremation, or removal, and in ony event, within 12b. KIND OF BUSINESS OR Cumberland | give street oddress)
Allegany County Infirmary
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN | 13d. during most of working life, even if retired.) Laborer 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY Southern, Hotel, City Allegany Cumberland 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Lost Marie Clark Joseph Johnson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMANT Furnace St. Yes no or unknown) (If yes give war ar dates of service) 7591 Allegany County 10 Infirmary Box 599 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) buriol-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 0 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from April 10 , 19 68, to May 12, , 19 68, that (I) (we) last sow the deceased alive on May 11. _____19 68, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION (County) MAY 15,1968 GREENMOUNT CEMETERY CUMBERLAND 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 CUMBERLAND, MD. BYRON KIGHT

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR Last MARY Helen KELLY (Type or print) 100# M 4. RACE SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS FEMALE WHITE 2-19-92 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH WEST VIRGINIA ALLEGANY U.S.A. WIDOWED | DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind af wark dane 12b. KIND OF BUSINESS OR give street address)
MEMORIAL during most of working life, even if retired.) INDUSTRY CUMBERLAND HOSPI TAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13 ALOUNTE GANY CUMBERLAND YES -NO X RT. 6, BOX 338 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last BISEL GENEVIEVE HENRY GORMER 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no, or unknown) CUMBERLAND, MD. MEMORIAL HOSPITAL APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATT PART 1. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (a) Acute Pulmonary Edema Hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Bilateral Pneumonia rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Arteriosclerotic Cardiovasvular Disease-Chronic Myocarditis 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF OEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram_____ 1955_, 19_ May , 19 68 , that (I) (30e) last saw the deceased alive on May 1 19-68, and that in (my) (eyr) apinion death occurred an the date and haur and fram the causes stated above, (1) (did) (iii) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 5-11-68 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS G. O. HIMMELWRIGHT CUMBERLAND, MD. NAME (Type) DR.

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detache shauld be filed with the State Dept. 30M REV. 1/68

23a. BURIAL, CREMATION,

RETROYAL (Specify)

requires that the death certificate be executed within 24 haurs after death

by the attending physician and campletely filled transit permit. Then please remave carban pata crematian, ar removal, and in any event, within R

signed by

use as the

TQ.

24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

May 6,1968

23b. DATE

25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

Mineray Judge

(County)

Cumberland, Allegany, Md.

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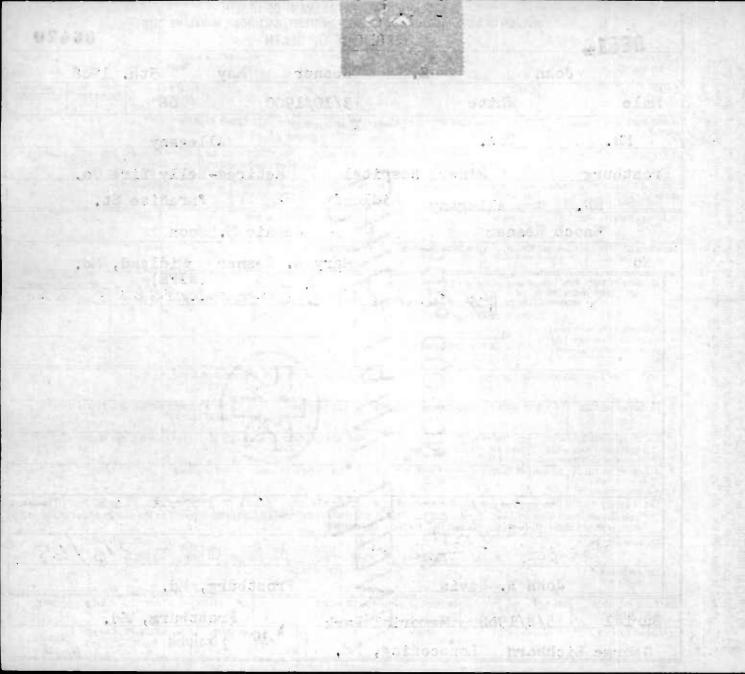
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CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME First Middle Lost 2b. HOUR Month 5th. (Type ar print) John E. Kesner May 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNGER 24 HRS. attending physician and campletely filled in by the sermit. Then please remave carban papers. Pages Male White 3/10/1900 lost bath ay) HOURS haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED ar remaval, and in any event, within 72th USA. DIVORCED [WIDOWED | Allegany 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
Miners Hospital during most of working life, even if retired. INDUSTRY
Retired-Kelly Tire Co.
INSIDE CITY LIMITS? 13e. STREET AND NUMBER Frostburg 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmissian) STATE 13b. COUNTY Midland YES X NO Paradise St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Enoch Kesner Jennie M. Moon 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, not or unknown) (If yes give wor or dates of service) Midland. A. Kesner Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) permit. signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES 🗌 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 1968, ond mot in (my) (our) opinion death occurred on the date and hour and from the 196 8, to may 5, 1968, that (1) (we) last causes stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) John B. Davis director, 1 Frostburg. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE (County) (Stote) Frostburg. Md. Memorial Park
ADDRESS 2Sa. REC'D TYAREGISTRAR 24. FUNERAL DIRECTOR 30M REV. 1/68 George Eichhorn Lonaconing, DATE

law requires that the death certificate be executed within 24 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been



ADDRESS

VR A15ME 10M REV.

24. FUNERAL DIRECTOR

H. Wayne George Cumberland, Md.

20. AUTOPSY? NO X YES 🗀 County Stote Inquiry X and in my apinian Undetermined manner 22b. DATE SIGNED 5 1968 Cumberland, Md. (County) (Stote) Cumberland, Allegany 2So. REC'D BY REGISTRAR Milarles

2b. HOUR D

6:15m

2d. HOUR TO

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12b. KIND OF BUSINESS OR

industry Kestaurant

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APPROXIMATE INTERVAL

BETWEEN ONSET AND GEATH

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FOR STATE HEALTH DEPT.

Page and 3 ta ny delay is 2 necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form e DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

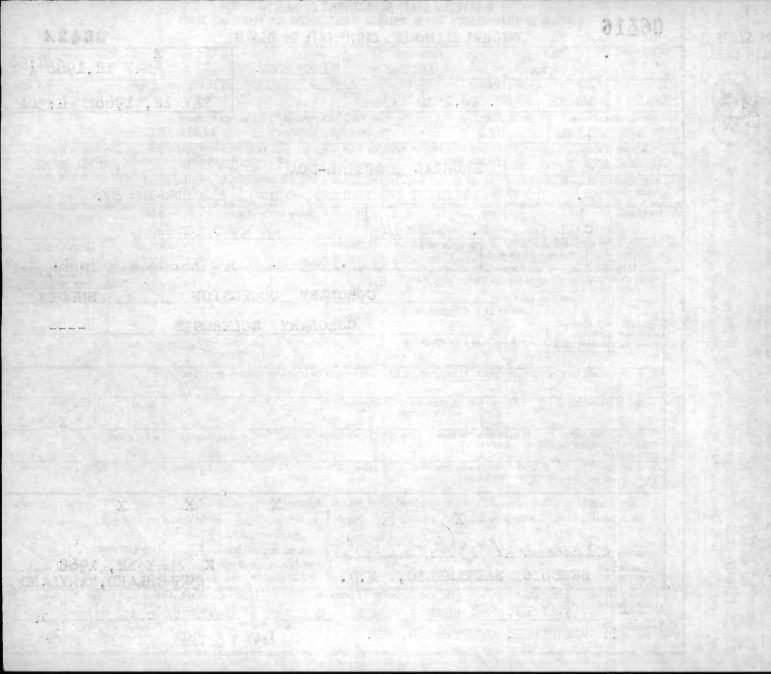
5 may be retained far yaur files. >TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Health priar ta burial, crematian, ar removal, and in any event within 72 haurs after death. 2

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0641 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

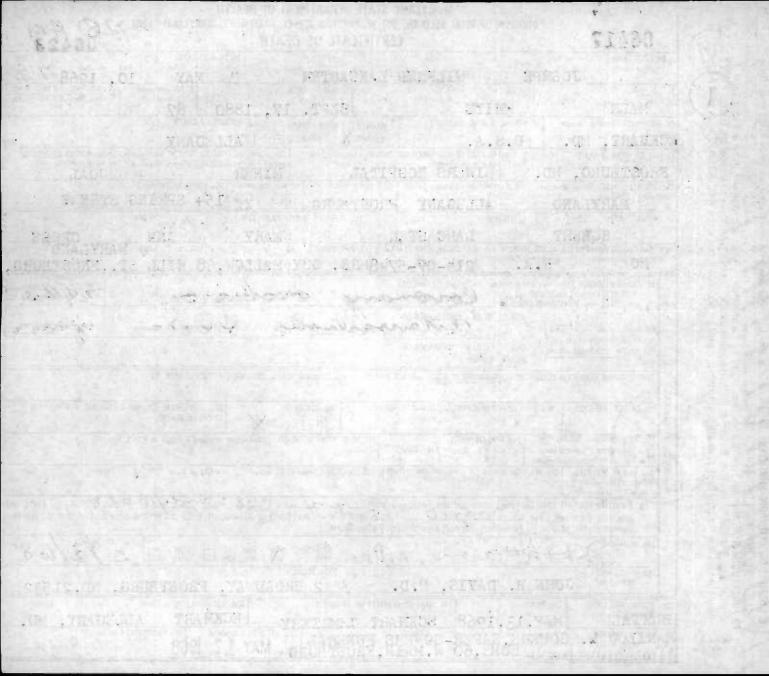
	0	MEDIC	AL EXAMINER'S	CERTIFICATE OF DEAT	H	08422
DECEASED-NAME (Type ar Print)	First EV.		Middle LOUISE	lost LANCASTER	2a. DATE KNOWN Manth OF ESTI- DEATH MATED MAY	12,19684 5 M
3. SEX FEMALE	4. RACE WHITE	S. DATE OF BIR	28,1920 47Y	RS. DAYS HOURS MI	ZC. DATE I KONOUNCED DEAD	2d. HOUR 968 4: 50A M
70. BIRTHPLACE (Storountry) CUMB	te ar fareign 71 ERLAND	CITIZEN OF WHAT	W	IDOWED DIVORCED	ALLEGANY	Md
O. CITY OR TOWN COUMBERL	AND	give s		SPITAL-DOA during He	OCCUPATION (Kind of work dane to Sworking life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY HOME
13a. USUAL RESIDEN admission) STAT	NCE (Where deceased MD .		tian: Residence before 13c. CI ALLEGANY CUN	ITY OR TOWN 13d. INSIDE CITY LIMITS? ABERLAND YES NO	The second secon	ST.
14. FATHER'S NAME	First CARL	Middle E	lost MONGOLD	15. MOTHER'S MAIDEN NAME FI	rst Middle LSIE TWIGG	Last
16a. WAS DECEASED E (Yes, no, or unknor NO	VER IN U.S. ARMED FO	RCES? ir or dates of service)	16b. SOCIAL SECURITY NO.	MR. JOHN H. LA	ADDRESS NCASTER, CUMBER	
	DEATH WAS CAUSED		ne far (a), (b), and (c).)	CORONARY OCCI	CUSION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDEN
rise to imme	any, which gave diate cause (a), inderlying couse	DUE TO, OR (b)	AS A CONSEQUENCE OF	CORONARY SO	CLEROSIS	GITO dada men toto
PART 2. OTHER 190. DATE OF 1)/	IONS CONTRIBUTI	NG TO DEATH BUT NOT RELATE 19b. CONDITION FOR WHICH C WAS PERFORMED?	ED TO THE TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)	20. AUTOPSY? YES [X] NO
	OR CONTRIBUTING		10	21c. HOW INJURY OCCURRED (Enter n	ature of injury in Part 1 or Port 2,	
21d. INJURY OF	CCURRED 21e. PL		At hame, farm, street,	21f. LOCATION Street ar R.F.D. Na.	City or Tawn	Caunty State
	certify that I too esulted from:	ok chorge of th Natural caus		ove, held on Autopsy X, , Suicide , Homicide (PW

VR A15ME [5] 10M REV. 1/68

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212017 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 haurs after death (Type ar print) Month JOSEPH WILFRED LANCASTER 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years last birthday) MALE WHITE within 72 hau 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ≘. U.S WIDOWED IX DIVORCED [ALLEGANY campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) COAL remave carbon FROSTBURG. MD. event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY SPRING STREET and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle ROBERT LANCASTER MARY MIMA CROSS physician 16h. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, por unknawn) burial, crematian, ar remaval, 214-07-5748MRS. MALLOW.68 HILL ST. en attending p CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 State Dept. af Health this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Tawn County While Not while at work 220. I certify that (I) (this hospital) attended the deceased fram ________, 19.68, ta________, 19.68, that (I) (we) last saw the deceased alive an ________, 19.68, and that in (my) (our) apinion death occurred an the date and haur and fram the causes stated above, (I) (we) (did) (did nat) view the bady ofter death. TO FUNERAL DIRECTOR: After directar, page 3 should shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) JOHN 2 BROADWAY. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE



VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

05424

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	ECEASED-NAME Type or Print)	First		Midd	le	1.	ost		1	2a. DATE KNOW		Day	Year	2b. HOUS
,	The or Limit	Ralph		Carlt	on	Lashb	augh.	Jr		OF ESTI- DEATH MATE		6, :	1968	8:30
3. 51	Χ ,	4. RACE	S. DATE OF BIR	TH	6. AGE (In year last birthday)	MONTHS 1		IF UNDER 24	4 HRS.	2c. DATE PRONO			I.P.T.	2d. HOUR
M	ale	White	Oct. 2	3, 1939		RS.	PAIS	IIOOKS		May 6	. 1968	Ye	ear 19 8	3:30P
	BIRTHPLACE (Stat	e or fareign 71	. CITIZEN OF WH	AT COUNTRY?		MARRIED 🛣 NEV	ER MARRIE	D	9. COUN	TY OF DEATH	- 7716	11170		47717
caun	Mary Mary	land	U. S	5. A.		IDOWED 🗌	DIVORCE			Allega	nv		= 370	N
10. 0	ITY OR TOWN O	F DEATH	111 41	ALLE OF HOSDITAL	L OR INSTITUTI	ON (If not in ho	spitol	12a. US	UAL OCCI	JPATION (Kind	of work dane	12b. KI	IND OF BU	siness or
	Frost			treet address)		ry Stre	et		Labo	working life, ev rer	en it retired.)	1110031	n Ci	-
13a.	USUAL RESIDEN	CE (Where deceose	d lived, if institu	itian: Residence	before 13c. Cl	TY OR TOWN	13d. IN:	SIDE CITY LIF		3e. STREET AND	NUMBER			
00	imission) STATE	Marylan	13b. COUNTY	llegan	y Fro	stburg	YE	S NC		97 Bowe	ry Str	eet		
14. F	ATHER'S NAME	First	Middle		Last	1S. MOTHER	S MAIDEN	NAME	First		Middle		La	st
		Ralph	Carl	ton Las	shbaugh	n Sr.		Ma	ary	Ma	rgaret	,	Leas	ure
		VER IN U.S. ARMED FO Vn) (If yes give w	ORCES?	16b. SOCIAL SEC		17. INFORMAN				A	DDRESS 110	Spr	ing !	St.,
1.	No	(11) (11) (11)	01 01 0000 07 3019100)	216-38-	-1863	Mrs. Ma	ary N	large	aret	Lashba	ugh F	rost	burg	Md.
		DEATH (Enter only		ne far (a), (b), c	and (c).)									E INTERVAL T AND DEATH
	PAKI I. L	DEATH WAS CAUSED	E CAUSE (a)			GUNSHO'	r of	CHES	ST	6-37		M	INUT	ES
	955	X	DUE TO, OR	AS A CONSEQUE	NCE OF	/			. \			5. 5		
	rise to immed	iny, which gave liate cause (a),	(b)			(SELF	[NF, L]	CTE	0)		TO ALL			15.746
- 2	stating the un	derlying cause	DUE TO, OR	AS A CONSEQUE	NCE OF							34		
2	last.	,	(c)											
	PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUT	NG TO DEATH B	UT NOT RELATE	D TO THE TERM	NAL DISEA	ISE OR CO	ONDITION	GIVEN IN PART	1(a)			
TION	19a. DATE OF C	PERATION		19b. CONDITION	FOR WHICH C	PERATION						12	20. AUTOPS	SY?
CERTIFICATION				WAS PERFO									YES X	
CERT	21a. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY Month, D	ογ, Year	21c. HOW INJU	RY OCCUR	RED (Ente	er nature	af injury in Pa	rt 1 or Part 2,	Item 18.)		,
MEDICAL	PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING	HOUR A.		19	700 11/4								
MED	21d. INJURY OC	CURRED 21e. PL	ACE OF INJURY (At home, form, s	street,	21f. LOCATION	Street or R.	.F.D. Na.		City ar Taw	n	Caun	nty	State
	AT WORK	OT WHILE Tact	ary, office buildin	g, etc.)		S. M. L.								
		certify that I to	ak charge af ti	he remains de	scribed abo	ve, held an	Autapsy	X	Insp	ection X	Inquiry [X), (and in r	ny apiniai
		sulted fram:												
	100	0		1 801	1 -	1			XAMINER					
	ACTUAL SIGNATURE	Den	edich	XXki	tare	lic/M.D.				INER 🔲	22b. DAT			
16	EXAMINER'S	DENE	מער מער	יד דידכו אחד						R 💢	May 6			Matte
	NAME (Type)	DENE	DICT SK	TTARELI(C, M.I		ADDRES	S(Street,	city, tawı	n, or countyCU	MBERLA			LAND
23a.	BURIAL, CREMA REMOVAL (Spec		DATE	23c. NA	ME OF CEMETE	RY OR CREMATO	RY		23d. L	OCATION (City o	or Tawn)	(County	y) (State)
	Buris	May	19, 196	8 Fro	stburg	Memori				rostbur		lleg		d.
24.	FUNERAL DIRECT	OR 3	Hol	15 r	ADDRESS						b. REGISTRAR	S SIGNATU	URE Que	LAR
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

H. Lee Silcox Cumberland, Maryland 21502

06425 DECEASED-NAME Middle Lost 2g. DATE OF DEATH 2b. HOUR (Type ar print) Franklin LEASE 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 9-12-1890 last_birthday) WHITE MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED 🔀 NEVER MARRIED 9. COUNTY OF DEATH country) MARYLAND U.S.A. WIDOWED ALLEGANY DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Retired B O Employee

MISIDE CITY LIMITS? 13e. STREET AND NUMBER **CUMBERLAND** 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13b. COUNTY ALLEGANY NOTERT.#3, BOX630 CUMBERLAND YES -14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Lost CALDWELL MARY JANE JAMES LEASE 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) 220-10-2187 MEMORIAL HOSPITAL, CUMBERLAND, MD 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO | 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS CUMBERLAND. MD. G. WEISMAN 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) Pleasant Grove Cemetery Cumberland Alleg Maryland FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR

O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld shauld be filed with the VR A15 (4) 30M REV. 1/68

requires that the death certificate be executed within 24 haurs after death

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7a. Bl	RTHPLACE (State or irv) Maryla	foreign 7b	. CITIZEN OF WHAT	COUNTRY?	8. MARRIED WIDOWED	☐ NEVER MAR ☑ DIVOR	RIED [9. COUNTY (OF DEATH	gany		M
10. CIT	TY OR TOWN OF DE			E OF HOSPITAL OR II eet address)		nat in haspital Retrea	t during mo	t occupations of a few arking to use well a few arking to use a few arking t	N (Kind af w ng life, even i VIIE	rark dane fretired.)	INDUCTOR	BUSINESS OR Home
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	Canditions, if any, rise to immediate stating the underlast. PART 2. OTHER SIGN	cause (a), (ying cause NIFICANT CONDIT	DUE TO, OR AS (b) DUE TO, OR AS (c) TIONS CONTRIBUTION		F NOT RELATED T		19					
CERTIFICATION	19a. DATE OF OPERAT	TION 19b. COI	NDITION FOR WHICH	H OPERATION WAS F	ERFORMED	20a. AUTO	PSY?		IF YES, WERE SES OF DEATH		ONSIDERED IN C	CERTIFYING
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	21d. INJURY OCCUR While Nat while at wark at wark			IT HOME, FARM, STREET, F OFFICE BUILDING, ETC.					ity ar Tawn		County	State
	22a. I certify t saw the d causes sta 22b. SIGMATURE 22d PHYSICIAN'S NAME (Type)	hat (I) (this eceased aliv ited above, (M Simo	ns, M.D.	sed from	ATTENDII REE PHYS. 22e. ADD Memo	NG M	ED. RECTOR C	STAFF PHYS.	D 22c.	DATE SIGNED	(i) (we) lare and from the condition of
В	BURIAL, (REMATION REMOYAL (Specify)	, 23b. DAI May		8 St. M	ary's		ry	Cumb	erlan	d, Md	. Alle	, ,
24 F	FUNERAL DIRECTOR	Scarpel	lli, Cum	aberland	, Md.		DATE JUN	Y REGISTRAR	1968 ^{25b.}	To Car	1	0

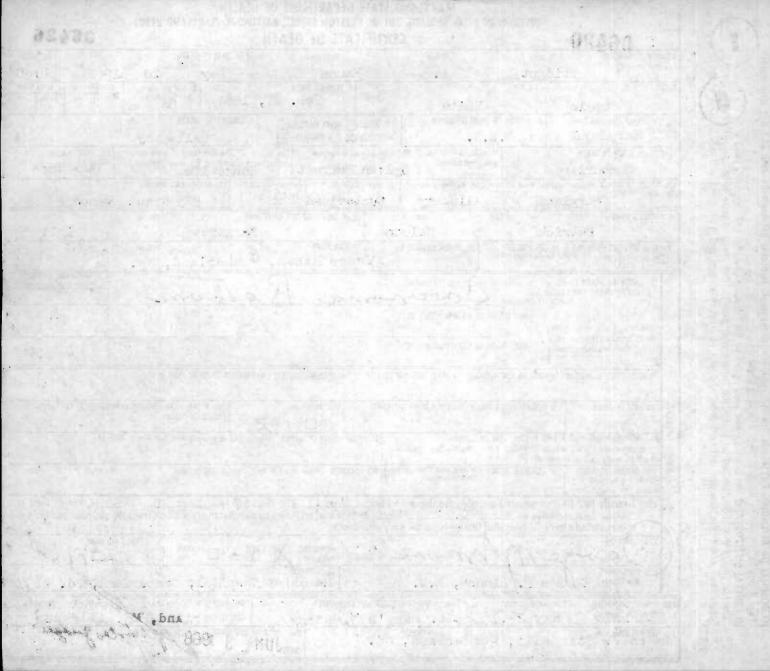
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Perpuld be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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1		CEASED-NAME F (pe or print) JAC	rst OB	Middle G .	М	Lost EYERS	2a. DATE OF	DEATH Manth 05 Da	Y 06 Year 68	2b. HOURP
1	3. SE.		4. RACE	WHITE	S.	DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7a. B caun	IRTHPLACE (State or foreign try) PENNSYLVAN I	7b. CITIZEN C		1	NEVER MARRIED	9. COUNTY OF ALLEGA	/ -	,	
		TY OR TOWN OF DEATH CUMBERLAND		11. NAME OF HOSPITAL OR IN	STITUTION (If not in	TAL 12a. U	SUAL OCCUPATION	(Kind of work done life, even if retired.)	12b. KIND OF I	BUSINESS OR
/	13a. admi:	USUAL RESIDENCE (Where design) STATE MARYLA	eased lived, if in 13b. COUN	stitution: Residence before	13c. CITY OR TO CUMBE	WN 13d. INSIDE CIT		REET AND NUMBER #4, BOX 3	3, OLDTO	OWN RD.
1	14. F	ATHER'S NAME First GEORGE	Mide M.	lle Lost MEYERS	8	OTHER'S MAIDEN NAMI BURKEHART,		Middle	MEY	Last ERS
	16a. Y	WAS DECEASED EVER IN U.S. os.po ar unknawn) (If yes s	ARMED FORCES? ve war ar dates of service	16b. SOCIAL SECURITY 705 -07 -6	NO. 17. INFO 628 HOS	PITAL RECO	ORDS -900	Address SETON DR.		, MD.
N 246		Canditians, if any, which garise to immediate cause (stating the underlying causes). PART 2. OTHER SIGNIFICANT	DUE TO,	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF TRIBUTING TO DEATH BUT N			DR CONDITION GIVE	l IN PART 1(a)		
X	CERTIFICATION	19o. DATE OF OPERATION	9b. CONDITION FO	R WHICH OPERATION WAS PI	RFORMED	20a. AUTOPSY? YES NO	CALISES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
	AL	21a. ACCIDENT WAS UNDER ☐ OR CONTRIBUTING ☐ CAUSE OF (If either, notify medicol ex	DEATH HOUR		9	INJURY OCCURRED (E			Item 18.)	
		at week		URY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	7.5			ar Tawn	Caunty	State
		22a. I certify that (I) saw the decease causes stated ab	(this haspital) alive on ave, (I) (we) (attended the deceas did) (did not) view the	ed from 19, ond t body after dec		ppinion death o	ccurred an the de	, that ate and have o	(I) (we) Io and from th
		22b. SIGNATURE		Vincais-		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 22c.	DATE SIGNED	
- 0	,			J. Vincent,				ST., CUMB		
P		REMOVAL (Specify)		1968 Davis		al Park	Cumbe		legany,	(State) Md.
88	24. S	FUNERAL DIRECTOR CARPELL FUNE	RAL HOM	E, 100 VIRGI	NIA AVE.		MAY 1 A	2Sb. REGISTRAR'S	signature	nda

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BRAD. MED. GROUP.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Year 2b. HOUR Day (Type or Print) 25,19685:06 iny deloy is 2, and 3 ta PM3. Page Bernice DEATH MATED Morehead IF LINDER 24 HRS 4 RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH 2d. HOUR last birthday) MONTHS HOURS 5:06P Oct. 20, 189/ YRS White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office olong with form Give Poges 1, Winterburn Renna. U.S.A. WIDOWED # DIVORCED [Allegany 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol after death 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) INDUSTRY Cumberland Md. death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN admission). STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY in Item 18. R.F.D. #3 Bedford Rd. Cumberland hours lond 2 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME Lost Harry F. Askey Abbie B. Hilshire forworded to the Chief Medical Examiner's pages hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT ADDRESS be executed within (Yes, ng, or unknown) (If yes give war or dates of service) File Cumberland Mr. Curtis O. Gilpin .⊆ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY pending CORONARY OCCLUSTON SUDDEN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SCLEROSIS buriol-transit CORONARY Canditions, if ony, which gave rise to immediate cause (a). This certificate should the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 writing 05 used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO execute the certificate. pe should be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: CAUSE OF DEATH 21 d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) Page WHILE AT WORK AT WORK may be retained far FUNERAL DIRECTOR: 1 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X. Inquiry X ond in my opinion Notural couses X Accident . deoth resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT MAY 25. 1968 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** BENEDICT SKITARELIC, M.D. NAME (Type) ADDRESS(Street, city, tawn, ar cour UMBER LAND MARY LAND 0 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 27. 1968 Zion Memorial Park. Cumberland (allegany) Maryland May. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles Inde VR A15ME (5)

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STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT 1. DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) OF ESTI-Poge DEATH MATED May CLOYD O'NEAL 0 3 IF UNDER 24 HRS. 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH pup last birthday) 21. Doy1968 Yeor 199:00 Pm FEB.1.1902 MALE WHITE 66 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form (ountry) WIDOWED X DIVORCED USA PENNA. ALLEGANY in Item 18. Give Pages with the Stote 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.)
OPERATOR INDUSTRY CUMBERLAND 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e. STREET AND NUMBER YES 👽 NO 🔲 913 FREDERICK STREET CUMBERLAND lond 2 ofter 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME Middle HARTMAN O'NEAL HESTER pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pencil be executed within (Yes, no, or unknown) (If yes give war or dates of service) 214 07 1140 JEAN O'NEAL CUMBERLAND 0 臣 ⊆ within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: pending Cerebral Hemorrhage IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Cerebral Hemorrhage Conditions, if any, which gave rise to immediate couse (a). writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Arteriosclerotic cardio-= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 0 or removol, nsed 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? execute the certificate, should be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year Р PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Page factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection X Inquiry X Natural causes X Accident . Suicide . death resulted fram: Homicide [Undetermined manner

O DEPUTY

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BYRON KIGHT 24. FUNERAL VR A15ME (\$)

ACTUAL

SIGNATURE

23o. BURIAL, CREMATION

BENEDICT

5/24/68

CUMBERLAND, MD.

23c. NAME OF CEMETERY OR CREMATORY

SKITARELIC, M.D.

23d. LOCATION (City or Town)

(County) (State) MD

5/21/68

22b. DATE SIGNED

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Doy INGO

21. 9:00 PM

12b. KIND OF BUSINESS OR

TIRE

WILLIAMS

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

5 Hours

5 Hours

20. AUTOPSY?

YES [

NO [

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ond in my opinion

2d. HOUR

SUNSET MEMORIAL PARK CUMBERLAND 2Sb. REGISTRAR'S SIGNATURE

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

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MARYLAND STATE DEPARTMENT OF HEALTH .DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06426 CERTIFICATE OF DEATH DECEASED-NAME First Lost 2o. DATE OF DEATH death uneral (Type or print) MAY HUGH M **OROURKE** 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR requires that the death certificate be executed within 24 hours after 6. AGE (In years lost birthday YRS. 10-30-1905 MALE WHITE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED MI DLAND, WIDOWED DIVORCED | ALLEGANY COUNTY USA ottending physician ond completely filled (permit. Then please remove corbon poper 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY

B & O R. R. BLACKSMITH CUMBERLAND MEMORIAL 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136. COUNT LEGANY admission) STATE CUMBERLANDYEX MD. 202 COLUMBIA ST. and in any 14. FATHER'S NAME First Lost 1S. MOTHER'S MAIDEN NAME First MARY JOHN KRAMER OROURKE 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war ar dates of service) 705 05 4645 MEMORIAL HOSPITAL, CUMBERLAND, MD. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove buriol-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the FUNERAL DIRECTOR: After this certificate hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION CALISES OF DEATH? YES [be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Dov 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this hospital) ottended the deceased from_ Eufly 19 6/ ta 1900, and that in (my) (our) apinion death occurred an the date and have and fram the saw the deceased alive an____ causes stoted above, (1) (we) (did) (did nat) view the body ofter death 22b. SIGNATURE: 22c. DATE-SIGNED DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS DR. S. G. WEISMAN 59 GREENE ST., CUMBERLAND. director, 1 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL CREMATION CUMBERLAND MAY 25, 1968 SUNSET MEMBRIAL PARK 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** KIGHT CUMBERLAND, MD. DATE

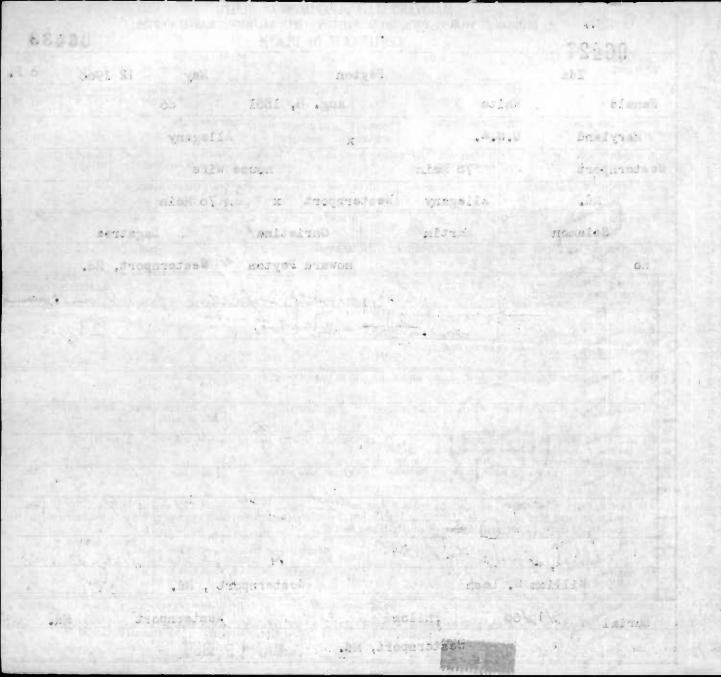
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06433 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR May Month (Type or print) 12 1968 Ida Peyton 3 SEX 4 RACE S DATE OF BIRTH IF LINOER 1 YEAR IF LINOER 24 HRS 6. AGE (In years lost dighday) White aug. 8, 1881 HOURS Female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S.A. Allegany WIDOWED T DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street nddress) in during most of wasking life, even if retired.) INDUSTRY Westernport 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STRFFT AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE Md. 13b. COUNTYAllegany Westernport YES NO 78 Main Middle 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Last Solamon Martin Christina Dagatree 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no ar unknawn) (If yes give war or dates of service) Howard Peyton Westernport. Md. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE O stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO RT 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 1967, and that in (my) (wir) apinian death accurred on the dote and haur and from the couses stoted obove, (1) (40) (did) (did) yiew the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME(Type) William W. Lesh Westernport, Md. 23b. DATE 5/15/687 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Philos Westernport Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Westernport, Md. Minutes Judge 1968

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death van papers. Pag within 72 haurs = remave carban burial, crematian, ar remaval, and in any event, physician c nen please permit. Page 4 may be retained by the haspital ar attending physician. priar ta After O FUNERAL DIRECTOR: director,

VR A15 44 30M REV. 68



MARYLAND STATE DEPARTMENT OF HEALTH 166423 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06434 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED-NAME 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) Jonathan Ramhoff Roland DEATH MATED May 31.1968 11 AM IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOLINCED DEAD 3 SEX 2d. HOUR Sept. 25, 1885 11 A Male Cau. 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry) Allegany DIVORCED [

U.S.A. Md. WIDOWED X 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

giv Sacreas Heart Hosp. during most of working life, even if retired.) Cumberland 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. ATTABLE TOWN) 13d. INSIDE CITY LIMITS?

220-10-8834

13e. STREET AND NUMBER 13b. COUNTY Allegany Bowling Greeness ! NO [X odmission) STATE Md. 4 Wrights Ave. Bowling Green

IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME First First Bittinger Ramhoff Charles Rebecca 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Wrights Ave. Bowling Greene

120. USUAL OCCUPATION (Kind of work done

12b. KIND OF BUSINESS OR INSTER-employed

YES KX NO

Stote

(Yes, no or unknown) Mr. Charles A. Ramhoff APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ACUTE PULMONARY EDEMA 30 MINUTES IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove CHRONIC GLOMERULONEPHRITIS rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse OBSTRUCTIVE PROSTATIC HYPERTROPHY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION

20. AUTOPSY? WAS PERFORMED?

21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH

21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County foctory, office building, etc.)

NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy XX, Inspection XX Inquiry XX and in my apinian

Natural causes XX Accident . death resulted fram: Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE

MAY 31, 1968 DEPUTY MEDICAL EXAMINER BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or countyCUMBERLAND .MARYLAND

23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Wellersburg, Somerset, 6/3/68 White Oak Cemetery

DATE

24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cumberland. Md. H. Wayne George

VR A15ME (5)

Heolth

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execute the certificate,

MEDICAL

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Semewall, Pennin.						
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in Item 18. Give Pages

in pencil

the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examiner's Office alang with

please execute the certificate, writing the ward "pending"

SICAL EXAMINER:

TO DEPUTY

24 haurs after death

This certificate should be executed within

pages land2 with the Stat

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O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit

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Health priar ta burial, crematian, ar remaval,

haurs after

and in any event within 72

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1105	123	MEDIC	AL EXAM	INER'S CI	ERTIFICAT	E OF DI	EATH			-	004	35
1. DECEASED-NAME (Type or Print)	First WILDA		Midd FRANCE	•	last RAINE	5		2a. DATE KNOWN CONTROL OF ESTI- DEATH MATED	Month May	Day 13	Year 196	2b. HOUR 84:A
3. SEX Female	4. RACE White	S. DATE OF BIR		6. AGE (In years dast birthday) VRS	MONTHS DAY		24 HRS. MIN.	2c. DATE PRONOUNCED Month May 13	DEAD DOY 196	Yea		2d. HOUR 4: A M
7a. BIRTHPLACE (Sto		76. CITIZEN OF WH			RRIED NEVER	MARRIED	9. COU	Allegany				Md
10. CITY OR TOWN		aive 4	trant address)		(If not in hospi	durin		CUPATION (Kind of wo f warking life, even if		12b. KIN INDUSTR	D OF BUSI	NESS OR
13a. USUAL RESIDE admission) STAT		ed lived, if institu		befare 13c. CITY		13d. INSIDE CITY YES T		13e. STREET AND NUM 204 Spri		le S	treet	6
14. FATHER'S NAME	First Peter	Middle Les		lost Wis	1S. MOTHER'S /	AAIDEN NAME	First Ion		ddle	M	cBri	
16a. WAS DECEASED I (Yes, no, ar unkno No		FORCES? war or dates of service)	16b. SOCIAL SECT 215-20		7. INFORMANT Wilda	R. Th	omas	ADDRE Romr	ss ney, V	V, Va	•	
	DEATH (Enter on DEATH WAS CAUSE			ronary	occ]	usior	1			BETY	PROXIMATE WEEN ONSET	AND DEATH
rise to imme	f any, which gave ediate cause (a), underlying cause	DUE TO, OR	AS A CONSEQUE	NCE OF	Corona	and the		erosis				
PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH B	UT NOT RELATED	TO THE TERMINA	L DISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)		80		

190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

Natural causes

21f. LOCATION Street ar R.F.D. Na.

22a. I certify that I taak charge of the remains described above, held an Autopsy , Suicide [Accident

M.D.

Inspection X: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.)

22b. DATE SIGNED

May 13, 1968

NAME (Type) BURIAL, CREMATION,

ACTU AL

EXAMINER'S

CERTIFICATIO

CAUSE OF DEATH 21d. INJURY OCCURRED

NOT WHILE

death resulted fram:

Benedict Skitarelic,

23c. NAME OF CEMETERY OR CREMATORY May 15, 1968 Ebenezer

ADDRESS

ADDRESS(Street, city, town, or count Cumberland, Maryland

City or Town

23d. LOCATION (City or Town) (County)
Romney Hampshire

Inquiry X

and in my apinian

20. AUTOPSY?

YES [

County

NO X

State

REMOVAL (Specify)
Burial 24. FUNERAL DIRECTOR VR A15ME (5)

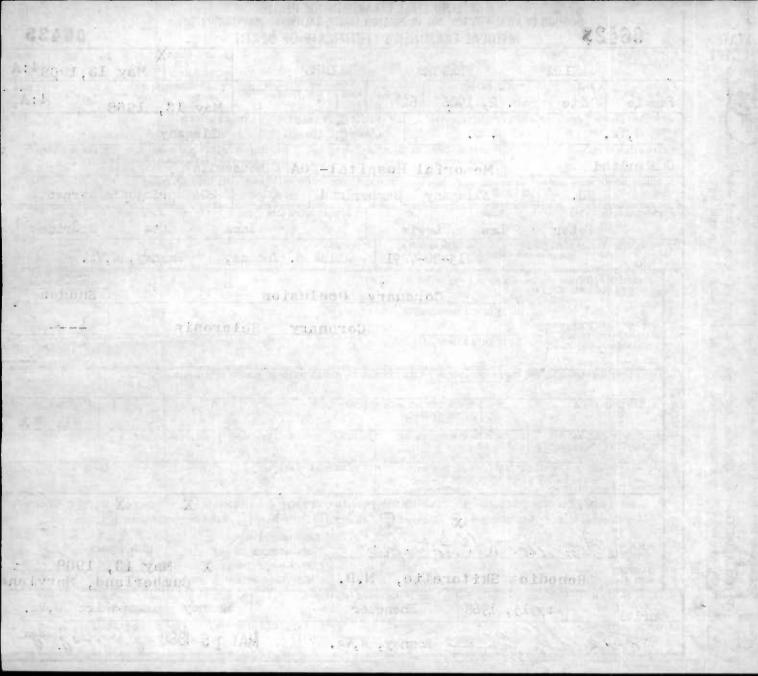
Romney, W, Va.

DATE

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATUS



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN (Type or Print) OF ESTI-Poge ROBERT 0 FRANCIS DEATH MATED ond 3 IF UNDER 24 HRS. 3. SEX 4. RACE 1911 AGE (In years 2c. DATE PRONOUNCED DEAD PM3. MALE 7o. BIRTHPLACE (Stote or Premn 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Chief Medical Examiner's Office olong with form Give Pages 1 ALLEGANY ADELPHIA U.S.A WIDOWED DIVORCED State 10. CITY OR COMPLETED NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY MIDLOTHIAN CONSTRUCT death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATMARYLANDIBL COUNTY BALTIMOREBALT NO X hours lond 2 in Item ofter 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME MARY ROBERT FRANCIS DOCKETEY SEVERSON poges hours 17. INFORMANT 21221) MONT. RDADDRESSBALT. pencil 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. be executed within (Yes, rate unknown) 69-16-2869 ROBERT FRANCIS SEVERSÓN 8008 File .⊆ within CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION, RIGHT SUDDEN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove CORONARY THROMBOSIS, RIGHT rise ta immediate couse (a). This certificate should the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CORONARY SCLEROSIS _= forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 writing 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, pe YES NO [should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M cremation, SICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, affice building, etc.) may be retained far your FUNERAL DIRECTOR: Poge WHILE NOT WHILE T 220. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection X Inquiry X ond in my opinion the funeral director. deoth resulted from: Notural couses X Accident . Suicide [Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY MAY 20. 1968 DEPUTY MEDICAL EXAMINER Heolth **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) BENEDICT CUMBERTAND, MD 0 BURIAL, CREMATION 234 NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City or Town) (State) (County) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5

MARYLAND STATE

DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the stat Poge 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	ECEASED-NAME	Fire	t	Middle		Last		2a. DATE OF DEATH			2b. HOUR
(Type ar print)	CHARLE	S	DANIEL		SHAFFER			5 21	Year 68	3:20
3. S	EX	151197	4. RACE			S. DATE OF B			(In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H
		MALE	WHITE			04-10	-93		birthday) YRS.	MUNIHS DATS	HOURS M
	BIRTHPLACE (Sto	ite ar fareign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIE	D NEVER MAR		9. COUNTY OF DEATH			
	MARY		USA		WIDOWE		RCED 🗌	ALLEGANY			
0. (CITY OR TOWN		11. N	AME OF HOSPITAL OR IN:	STITUTION (I	f nat in haspital		AL OCCUPATION (Kind		12b. KIND OF	
		ERLAND		CRED HEART				KOADER LIFE		RATER	DAD
3a. adm	issian) STATE	LE (Where dece	13b. COUNTY	ion: Residence befare	13c. CITY		13d. INSIDE CITY LII			0TD FFT	
					COME	ERLAND		- 7171	AYETTE	SIREEI	
4.	FATHER'S NAME	First	Middle	SHAFFE	D	IS. MOTHER'S M			Middle		last
140	WAS DECEASED	EVER IN U.S. AI	MED EUDCECS	16b. SOCIAL SECURITY		. INFORMANT	MAI	RGARET	Address		RAHRIG
100	es, PESunkno	wn) (If yes give	war or dates of service)	705 -09 -98			I DEACH	DD GOOSETO		CHMP	MD
-				11.		HUSFIIA	L KLUCI	RD,900SETO	N DNIVE	APPROXI	MATE INTERVAL
	PART I, I	EATH WAS CAUS	inly ane cause per li ED BY:	ne far (a), (b), and (c).)	0	1			BETWEEN O	NSET AND DEATI
	11.11	IMMED	NATE CAUSE (a)	serial (d), (d), dild (c).	reis	43 FOR	orien	oncum		13	lon
	Canditions if	any, which gave		AS A CONSEQUENCE OF							
		diate cause (a)	(b)								7
	stating the u	nderlying cause		AS A CONSEQUENCE OF							
	—	SIGNIFICANT C	ONDITIONS CONTRIBI	TING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR C	ONDITION GIVEN IN PA	PT 1/a)	1	
_	4500	K SIOIMITEANITE	SINDINIONS CONTRIBE	THE TO DEATH OUT IT	OT KELATED	TO THE TERMINA	E DISERSE ON C	ONDITION CIVEN IN TA	κ, ησ,		
CERTIFICATION	19a. DATE OF O	PERATION 19	o. CONDITION FOR WI	ICH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?	20b. IF YES, W	ÆRE FINDINGS CO	ONSIDERED IN C	ERTIFYING
IFIC						YES Z	NO T	CAUSES OF DE	ATH?		
		WAS UNDERLY			21c.			r nature of injury in Po	irt 1 ar Part 2, It	tem 18.)	
MEDICAL		NG CAUSE OF DE fy medical exan		Manth Day Year	1						
MEI	21d INJURY (CCURRED 21		AT HOME, FARM, STREET, FAC		LOCATION Street	et ar R.F.D. Na.	. City ar Taw	n .	County	Stat
	While Na at wark at	wark		OFFICE BUILDING, ETC.							
	22a. I certi	fy that (I) (t	his haspital) att	ended the decease	ed from_	4-29	, 19.6	F , 10 5-	21-,19,	6C, that	(I) (we)
	saw t	ne deceased	alive an	(did nat) view the	9 <u>68</u> , a	nd that in (m	ıy) (aur) api	nian death accurr	ed an the dat	te and haur	and fran
	22b. SIGNATUR		7e, (1) (we) (ala)	(did hai) view the	baay arre	r degin.			22c D	ATE SIGNED	
	220. SIGNATOR		4 prin		DF	GREE PHYS.	NG AM	NED. STAF	· //,	7-22-	66
	22d. PHYSICIA	N'S			DE	22e. ADE	Dree				-
	NAME (Ty		WIS BRING	S, M. U.			57	GREENE STR	EET, CUI	MB, MD.	215
23a	BURIAL, CREMA	ATION, 23b	. DATE	23c. NAME OF				23d. LOCATION (City	ar Tawn)	(County)	(State)
	REMOVAL (Spe Buria)	riful	av 24.19	68 St. F	atri	ck's Ce	metery	Cumberl	and All	legany.	Md.
24.	EUNERAL DIREC	TOR		ADDRESS			2Sa. REC'D B'	Y REGISTRAR 1968	b. REGISTRAR'S	SIGNATURE	age.
	James :	. Scar	bettr'	umberland	, Md	•	DATE MAY	29 1968	1	0	U

SHUBLES SHULLE SHULLES 50-01-110 HITE THITE מנו בפחוץ בפוודץ MARYLAND USA CHAREFERIND ELECTED HEVEL HOS LITT SUITACOSES . LEVITOUS MORNIANO CIA CINTERIANO X CHARREST STREET AL HAR TRANSPORT CHUELEU EPPHK

705-02-33/2 HOS-ITAL REGERD, 20055104 DRIVE, CUTS., MC.

(ENTS 821MCS, M.O.

ST GREENE STREET, CHME. NR. 21862

OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0643	3			CERTIFI	CATE OF DEAT	H			04	643	9
	CEASED-NAME ype or print)	First		Middle		Lost	2a.	DATE OF DEATH	Doy	V Year		HOUR
		EVELY		Μ.		SHIPPER		MAY		1968		45P
3. SE	FEMAL	Ε.	4. RACE WH	ITE		5. DATE OF BIRTH 7-14-19	12	6. AGE (Ir lost bin		MONTHS DA		MIN.
	BIRTHPLACE (State atry) W. V		. CITIZEN OF WE	S.A.	B. MARRIED	NEVER MARRIED DIVORCED	9. CO U	INTY OF DEATH	EGAN	Υ		Md.
	ITY OR TOWN OF	RLAND	ME		IOSPI"	J.,		UPATION (Kind of v working life, even i		12b. KIND INDUSTRY	OF BUSINES	S OR
13a. admi	USUAL RESIDENCE ssion) STATE MARYL		lived, if institution 13b. COUNTY	ian: Residence before		BERLAN DYESX	NO	13e. STREET AND N		AVENU	Ε	
	ATHER'S NAME	First WILLIA		OSS		IS. MOTHER'S MAIDEN NAM		USTA	Middle	RHC	DES	
	es, na, ar unknawr	VER IN U.S. ARMED		16b. SOCIAL SECURITY		INFORMANT MEMORIAL H	IOSPI	TAL, CUM	Address BERL		MD.	
	Canditians, if an rise to immedia stating the und last.	erlying cause	DUE TO, OR A (b) DUE TO, OR A (c)	AS A CONSEQUENCE OF		TO THE TERMINAL DISEASE	ORCONDITI	ON GIVEN IN PART	n(o)	8	da	\$
CERTIFICATION	190. DATE OF OPE	RATION 19b. CO	NDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a. AUTOPSY? YES X NO		20b. IF YES, WERE CAUSES OF DEATH		CONSIDERED IN	N CERTIFYIN	G
MEDICAL CERT	OR CONTRIBUTING	VAS UNDERLYING CAUSE OF OEATH medical examiner	21b. TIME OF HOUR A.M. P.M.	Month Day Yeo		HOW INJURY OCCURRED (Enter natur	e of injury in Part 1	ar Port 2,	Item 1B.)		
ME	21d. INJURY OCC While Nat w at wark at w	URRED 21e. PL		(AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY,) 21f.	LOCATION Street or R.F.D		City or Town		County		State
	saw the	deceased aliv	e an	ended the deceo	19 0	nd that in (my) (our)	opinian	tadeath accurred	, 19 an the do	ate ond ha	nat (I) (v ur and fr	ve) last am the
	22b Signature	ne S	pig	60 00	DDDE	GREE PHYS.	MED. DIRECTO			DATE SIGNED	68	2
	22d. PHYSICIAN'S NAME Type	BRADD	OCK ME		ROUP			, MARYL				
]	BURIAL, CREMATI REMOVAL (Specifical) FUNERAL DIRECTO	May	10, 19	68 Hile	rest B		C'D BY REGI		REGISTRAR'S	SIGNATURE		ylan
	Philip I	B. Wendt	121 M	emorial A	re., C	umb., MilBATE	MAY .	1 3 1968	you	carles	Juga	

121 Memorial Ave., Cumb., Milmate

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in by to director, page 3 shauld be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pages Ahould be filed with the State Dept. of Health prior ta burial, cremation, or removal, and in ony event, within 72 hours JOM REV

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft

Page 4 may be retained by the hospital or ottending physician.

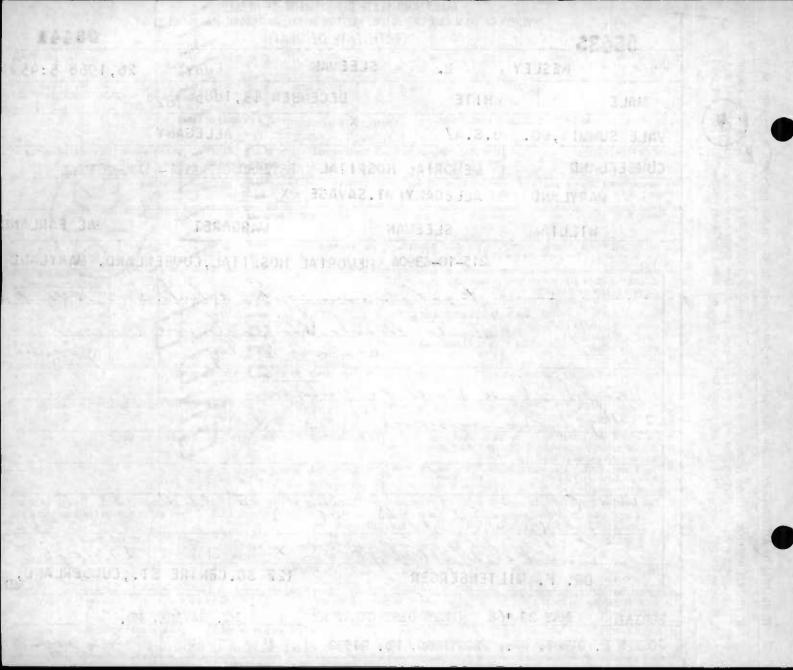
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

eath.		CEASED-NAME First YPE or print) OLIV	Middle ER W.	Lost SIMONS	MAY Manth 3 Days	968 2b. HOUR
haurs after death n by the funeral s. Pages and bours after death	3. SE		4. RACE WHITE	S. DATE OF BIRTH NOVEMBER 7,	1893 74. YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. HONTHS DAYS HOURS MIN.
in 24 haurs illed in by papers hin 72 four	7a. I	BIRTHPLACE (State or foreign itry) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MIDOMED DIVORCED	COUNTY OF DEATH ALLE GANY	Md.
e executed within 24 hr and campletely filled in remave carban papers, n any event, within 72 h		TROSTBURG	11. NAME OF HOSPITAL OR INS	ATER STREET ASS	L OCCUPATION (Kind of work dane st of working life even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY OF FICE
e executed withing and campletely fremave carban nany event, with	adm	ssian) MARYLAND	d lived, if institution: Residence before 13b. COUNTY ALLEGANY	FROSTBURG 13d. INSIDE CITY LIM FROSTBURG YES NO 1S. MOTHER'S MAIDEN NAME FIT	□ 72 S. WATER	
icate be exer		WILLIAM WAS DECEASED EVER IN U.S. ARME	Middle Last R. SIMOI D. FORCES? 116b. SOCIAL SECURITY N	NS CATHERI		LIAMSON
th certificat ling physici Then ple remaval, a	100. Y	es, na, ar unknawn) (If yes give war	or dates of service) 220-44-04	74 MRS. LILLIE N.	SIMONS, FROSTBUF	AG, MD. 21532
e death certificate b attending physician permit. Then please an, or remaval, and		PART 1. DEATH WAS CAUSED	E CAUSE (a)	al hemorrho	age	Suddle
that the death certificate be an. by the attending physician ar rransit permit. Then please rr crematian, or remaval, and in		Canditians, if any, which gave inse to immediate cause (a), stating the underlying cause	(b) DUE TO, OR AS A CONSEQUENCE OF	Hypertouse	on	3 years.
quires to obysicia igned k ourial-tr		last.	(c)	OT RELATED TO THE TERMINAL DISEASE OR CO	COLOGIST (a)	1 7
the law recattending places been so the best of the best of the blaces o	CERTIFICATION	19a. DATE OF OPERATION 19b. Co	ONDITION FOR WHICH DPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
iclan: 1 pital ar rrificate ed far us af Healt	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING or contributing cause of Death (If either, natify medical examine	HOUR A.M. Manth Day Year P.M. 19		nature of injury in Part 1 or Part 2, It	
G PHYS the has r this ce detached	×	at wark at wark		TORY,) 21f. LOCATION Street ar R.F.D. Na.		County State
rending ined by OR: Afte auld be the Sta		saw the deceased ali causes stated abave,	ve an 4 2 1 (I) (we) (did) (did not) view the	ed fram 7 — / , 19_6 9 6 C , and that in (my) (our) apir bady after death.	nian death accurred an the dat	te and haur and fram the
OR AT be reta DIRECTO 3e 3 she led with		22b. SIGNATURE	. C. Diele			ATE SIGNED 8
TO HOSPITAL OR ATTE Page 4 may be retain TO FUNERAL DIRECTOR director, page 3 should be filed with the			DIEHL, M. D.		MAIN ST., FROSTBU	
Page To Ful direct	B	BURIAL, CREMATION, 23b. D. PEMOVAL (Specify) UR LALL FUNERAL DIRECTOR	5, 1968 FBG. M	CEMETERY OR CREMATORY EMORIAL PARK 2SG. REC'D_B)	23d. LDCATION (Gity of Town) FROSTBURG, MD.	(Caunty) (State)
VR A35 (2) 30M REV 168	24.	JOSEPH R. DURST	SR., FROSTBURG,	MD 250. RECUBI	AY 7 1968	SIGNATURE Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH



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necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

DICAL EXAMINER: This certificate shauld be executed within 24 hours after death

TO DEPUTY

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Dep

Health prior to burial, cremation, or removol, and in ony event within 72 hours after death.

06436 DIVISION OF VITAL RECOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06442

I. DECEASED-NAME	First	100	Mid	dle	las			2a. DATE K	NOWN	Month	Day	Yeor	2b. HOUR
(Type ar Print)	John		Edwa		Smi	th	T.	OF DEATH N		5.	- 6	1968	3 PM
3. SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In years	MONTHS DA		24 HRS.	2c. DATE PR			V		2d. HOUR 1:50
Male	White	Decembe	er 16,1	899-68		HOOKS		Month May	_	8,	Ye	1968	DW
7a. BIRTHPLACE (State		. CITIZEN OF WH	AT COUNTRY?	8. M	ARRIED NEVER		9. COU	INTY OF DEA					-
country) Maryl		U.S.A.			_	DIVORCED [Alle					Mo
10. CITY OR TOWN O		11. N/	AME OF HOSPITA	AL OR INSTITUTION	ON (If nat in hos	ital 12a. I	USUAL OC	CUPATION (K	ind af wark	c dane	12b. KII	IND OF BUS	INESS OR
Cumber		give ¿	Sacred	Heart H	Mospital	Re	tire	f warking life d - Cu	stodi	an	1		
13a. USUAL RESIDEN	CE (Where decease	d lived, if instituted the country	ition: Residence	befare 13c. Cl	IY OR TOWN	13d. INSIDE CITY		13e. STREET					
admission) STATE		13b. COUNTY			berland	YES X		17 No			e St		
14. FATHER'S NAME	First	Middle		Last	1S. MOTHER'S	MAIDEN NAME			Midd			Last	
	John			Smith		Marga	aret		Eliz		th 1	Whitf	ield
16a. WAS DECEASED EV (Yes, no, ar unknow	VER IN U.S. ARMED FO vn) (If yes give wo	RCES? ar ar dates of service)	16b. SOCIAL SEC		17. INFORMANT				ADDRESS				
No			212-05	-0791	Mary S.	Brown	Smit	th, 17	N. C	has	St	Cum	ib. Md
18. CAUSE OF	DEATH (Enter only DEATH WAS CAUSED	ane cause per li	ne far (o), (b),	and (c).)							BE	ETWEEN ONSET	AND DEATH
IL IO		E CAUSE (a)			CORON	ARY O	CCLU	SION,	LEFT			SUDI	DEN
410	7	DUE TO, OR	AS A CONSEQU	ENCE OF	COE	ONARY	CCT	TRACTO					
	iny, which gave liate cause (a),	(b)	11.1		001	UNALL	2011	ELOS TO)	10			
	nderlying cause	DUE TO, OR	AS A CONSEQU	ENCE OF									
last.	,	(c)											
PART 2. OTHER	SIGNIFICANT CONDIT			BUT NOT RELATED ELLITUS		AL DISEASE OR	CONDITIO	ON GIVEN IN P	ART 1(a)				
19a. DATE OF O	DEDATION	DIA		N FOR WHICH O							10	O. AUTOPSY	v2
A LIAG. DATE OF O	PERATION		WAS PER		PERATION						20		
19a. DATE OF O	CALLEE WAS	1916 TIME OF	NJURY Manth, I	Day Vaar	21c. HOW INJUR	OCCUPPED (C	-44		Deat 1 ar	D4 0	laa 10 \	YES 🔀	NO 🗌
	R CONTRIBUTING	HOUR A.	M.		ZIC. HOW INJUK	OCCURRED (E	nter notu	re at injury it	n Pari I ar	Pan Z, I	item 16.)		
PRIMARY OC CAUSE OF DEAT		ACE OF INJURY (771.	19	21f. LOCATION St	root or D.S.D. No	~	City ar	Tourn		Caun	ntv	State
WHILE N		ary, office buildin	g, etc.)	street,	ZII. LOCATION SI	reer ar K.F.D. Ni	u.	City ar	Idwii		Cuuli	шү	Sidie
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	certify that I ta	-							-	uiry .		and in m	ny apinian
death re	sulted from:	Natural caus	ses A, A	Accident,	Suicide L		- '		rmined m	lanner			
ACTUAL	12	1 +	11-	-	1	CHIEF MEDICAL				0 8 4 7	r clouds		
SIGNATURE	Dene.	dich	XKU	areli		ASSISTANT MEI			2		E SIGNED		
EXAMINER'S NAME (Type)	Rened	ict Skit	tarelia	M.D		DEPUTY MEDIC ADDRESS(Stree							
23a. BURIAL, CREMA				-	RY OR CREMATOR			LOCATION (C			(County		
REMOVAL (Spec	iful							,		,	, ,		itate)
24. FUNERAL DIRECT	00///	9, 196	ob Sts	ADDRESS	& Paul	2Sa REC	D BY REC	umber.	2Sb REGI	ISTRAR'S	Legar	IRIO	d.
Charles Z	Chiller	230 PAT	timore	Ave. C	umb. Md	DATE	AAV	0 101		Eli	arle	o free	gr.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06443 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) JULTA TRENE SPATES 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. last birthdoy) MONTHS FEMALE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED FROSTBURG, MD DIVORCED [WIDOWED T ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) FROSTBURG DWN HOME 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTYLLEGANY FROSTBURG EAST MATN STREET 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Lost FRANK SMITH THERESA FURLONG 16b. SOCIAL SECURITY NO.A 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT MD Yespoor unknawn) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION CAUSES OF DEATH? YES 🗍 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. Na. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram. , ta and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an. causes stated above, (1) (we) (did) (did nat) view the body after death.

popers. Poges T hin 72 hours ofter .⊑ filled ₹ × remove corbon ond in any event, buriol, cremation, or removal, buriol-transit prior to l this certificate has been USE OS director, page 3 should be detached for use should be filed with the State Dept. of Health be retained by the hospital TO FUNERAL DIRECTOR: After

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death

30M REV. 1/68

BURIAL, CREMATION,

22b. SIGNATURE

22d. PHYSICIAN'S

NAME (Type)

23b. DATE 18.1968

WAYNE

SPIGGLE

23c. NAME OF CEMETERY OR CREMATORY

W. MAIN . FROSTBURGATE

ATTENDING PHYS.

22e. ADDRESS

126 N.

23d. LOCATION (City or Town)

SMALLWOOD

MED. DIRECTOR

(Caunty) (State)

2So. REC'D BY REGISTRAR

ALLEGANY 2Sb. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH

06444

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	0643	S		(ERTIFIC	ATE OF DEATH					064	44	
	ECEASED-NAME Type ar print)	First MARY		Middle E.	STAFF	Last ORD		ATE OF D		^{ay} 68	Year	2b.	HOUR M
S	FEMALE		4. RACE WHI	TE		5. DATE OF BIRTH 5 -27-10			6. AGE (In years last birthday) YRS	MONTH	ER 1 YEAR DAYS	IF UNDER	24 HRS. MIN.
	BIRTHPLACE (State ntry) MARY		b. CITIZEN OF WHA	AT COUNTRY?	B. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUN		LLEGANY				Md.
).	CITY OR TOWN OF I			ME OF HOSPITAL OR INS					Kind af wark dane Ne/∮vpor⊡fretired.		KIND OF		OR
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	FATHER'S NAME	First FRANK		HUMBERTS O	N			KING	Middle HUMBERT		DIVE	Last	
	i. WAS DECEASED EV Yes, na, ar 🉌 🕞 awn		O FORCES? or dates of service)	16b. SOCIAL SECURITY N	10. 149 S	NFORMANT ACRED HEART	HOSP	ITAL	900 AGES CUMBERL	AND,	MD.	2 I S	
NOIL	Conditions, if any rise to immedia stating the underlast. PART 2. OTHER S	(, which gave) te cause (a), erlying cause ((b)(b)(b)(c)(c)	A CONSEQUENCE OF A CONSEQUENCE OF NG TO DEATH BUT NO THO OPERATION WAS PER	OT RELATED TO	THE TERMINAL DISEASE OF 20g. AUTOPSY?		N GIVEN		CONSIDE	RED IN (ERTIFYIN	G
ERTIFICA						YES NO [CAUSES (OF DEATH?				
MEDICAL	21a. ACCIDENT W or contributing (If either, natify in the contribution) 21d. INJURY OCC	CAUSE OF DEATH medical examine	HOUR A.M. P.M.	Month Day Year	144	OW INJURY OCCURRED (En			r Tawn	2, Item 13			State
	saw the	that (I) (this deceased aliverated abave,	hospital) atter	did net) view the	ed fram 9_&&, an body after	d that in (my) (ewr) a death. REE PHYS. 22e. ADDRESS 126 N.	MED. DIRECTOR	LLWO	STAFF D 22 OD STREE	date an	d hour	and fro	ю) last om the
	BURIAL, CREMATIC REMOVAL (Specify	5-1	TE 2 – 68		t Grov	e Cemetery	Cumb	erl	(tily of 1006) and Alle	gany	inty) Mar	(Stote ylan	,
	FUNERAL DIRECTOR H. Lee S:		04 Decati	ADDRESS			BY REGIST		368 REGISTRAL	SIGNA	THE S	udg	£

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72

after death.

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		06439			CERTIFICA	TE OF DEATH				054	45
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/		TATHER'S NAME First JOHN WAS DECEASED EVER IN U.S. A		STE E	LE	MOTHER'S MAIDEN NAME JE ORMANT	ANIE	Middle FII	LON	Xettt	tobator
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		PART I. DEATH WAS CAU' IMMEI Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DIATE CAUSE (a) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUENCE OF Arterioscl R AS A CONSEQUENCE OF	erotic		lar Dis	ease	ifusi		week
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	W	at wark at wark		Y (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				ar Tawn	Caui		State
		22a. I certify that (1) (saw the deceased causes stated aba	alive an 1	ttended the decease (a.y. 21 1 (did nat) view the	9 68 and	that in (my) (ame) ar	oinion death	may 211, accurred an the	date an	_, that (d haur a	l) (25 e) las nd fram th
		22b. SIGNATURE	alle		DEGREE		MED. DIRECTOR	STAFF PHYS.	2c. DATE SI	7-68	
1		22d. PHYSICIAN'S NAME (Type) DR.		RTON HIMM				A AVE.,			
		REMOVAL (Specify) Burial	5/27/6	8 Frosth		orial Park	Frost	ON (City or Town)	legar Irs sign	iv. Mo	(State)
68		arles E. Hare	1, 1330 E	alto. Ave,	Cumb., N	Id. DATE MA	1 29 1	968b. REGISTRA		0	0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FIRMGLIO1 6/21/68km CERTIFICATE OF DEATH 08446 DECEASED-NAME First Middle Lost 20. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) 2 17 SWISHER MAY BABY BOY 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) MAY 20. 1968 WHITE MALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) ALLEGANY MD. U. S. A. WIDOWED [DIVORCED [attending physician and campletely filled sermit. Then please remave carban pape dod 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give such takes) AL HOSPITAL 12o. USUAL OCCUPATION (Kind of work done ar remaval, and in any event, within 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY MD. **CUMBERLAND** NO T EGAN 14. FATHER'S NAME Coffman Lost 1S. MOTHER'S MAIDEN NAME First Middle SWYSHER DAWSON Frank B . MARY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) MEMORIAL HOSPITAL, CUMBERLAND, MD. None APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF signed by attending physician. stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [af Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram___ and that in (my) (aur) opinian death occurred an the date and have and from the saw the deceased alive an____ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 5/22/1968 22b. SIGNATURE MED. DIRECTOR directar, page 3 DEGREE PHYS. PHYSICIAN'S CURPSERLAND, MD. DR. B . NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Alleg Md Cumberland Freedom Memorial Park 256 REGISTRAR'S SIGNATURE Jr. 230 Balto Ave. Cumberlandari Md 30M REV. 1/68 Hafer

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth.

Poge 4 moy be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificote has been signed by the attending physician ond completely filled in by director, page 3 shauld be detoched for use os the buriol-transit permit. Then please remove corban papers. As should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 haus

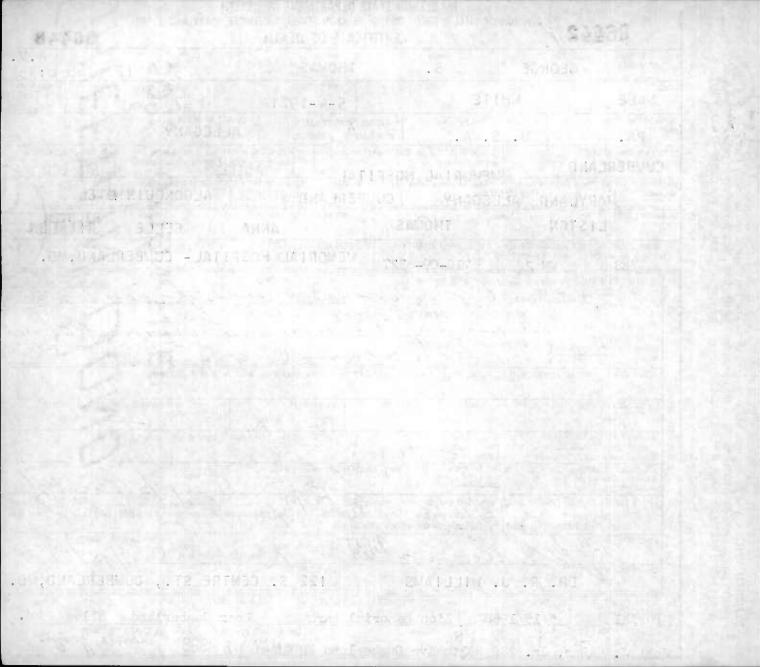
VR A15 (4) 30M REV. 176

		CEKI	IFICALE OF DEATH		0.4.7.7
. DECEASED-NAME (Type ar print)	First JOHN	Middle EDWARD	TAYLOR	2a. DATE OF DEATH 5 Month 22 Da	1968 Yeor 12:40M
B. SEX MALE	4. RACE WHIT	E	5-8-1968	6. AGE (In years last birthdoy) YRS.	MONTHS OAYS HOURS MIN.
7a. BIRTHPLACE (Stote or forei cauntry) CUMBERL	AND, MD. U.	S. A. WID	RRIED NEVER MARRIED X OWED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md
10. CITY OR TOWN OF DEATH CUMBER LAN	D give stree		AL HOSP. during	UAL OCCUPATION (Kind of work done most of working life, even if retired.) Infant	
odmission) STATE	deceased lived, if institution:	DELET / LL	UMBERITAND IS [NO ROUTE/#1//	Scenic Lane
14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME		Last
JOH		TAYLOR a. SOCIAL SECURITY NO.	117. INFORMANT	VELYN M. Address	WELSH
	yes give war or dates of service)	None	MEMORIAL HO		RIAND MD
Conditions, if ony, which rise to immediate coustaining the underlying last. PART 2. OTHER SIGNIFICATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNITED.	gave) Se (a), Cause DUE TO, OR AS A		ATED TO THE TERMINAL DISEASE O	20b. IF YES, WERE FINDINGS	
OR CONTRIBUTING CAUS (If either, natify medical 21d. INJURY OCCURRED While At wark at wark 22o. I certify that sow the deceo cause stated 22b. SIGNATURE	examiner) HOUR A.M. A P.M.	Nanth Day Year 19 HOME, FARM, STREET, FACTORY.) LEE BUILDING, ETC. ed the deceosed fro	21c. HOW INJURY OCCURRED (En 21f. LOCATION Street or R.F.D. 1 21f.	Na. City or Tawn , to, 19 pinion deoth occurred on the d	Caunty State
22d. PHYSICIAN'S NAME (Type) DR	ROBERT BR	ODELL 123c. NAME OF CEMETE		REENE STREET, CT	JMBERLAND, MD (County) (State)
Bur 1a Specify)	5/27/1968		Memorial Park		Alleg Md.
24. FUNERAL DIRECTOR John J. H	Mafer. Jr., 23	ADDRESS O Balto Ave	25a. RECD	BY REGISTRAR 2Sb. REGISTRAR	s signature Clarles Juna

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SOO GREENE STREET, CORE 2 AND J. O.	JUNGORA ENSEON .	
And the same of the same		
		U. Washington

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06448 1. DECEASED-NAME Middle Lost 2a. DATE OF DEATH (Type or print) GEORGE S. THOMAS Month 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR WHITE lest-birthdoy) MALE 5-4-192 within 72 hours ours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🛛 NEVER MARRIED country) ALLEGANY U. S. A. PA. WIDOWED [DIVORCED [requires that the death certificate be executed within 24 attending physician and completely filled bermit. Then please remove carbon paper In. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY B & O R CUMBERLAND 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN and in ony event, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. AT LEGANY ALGONOUINHOTEL CUMBERLANDYES X NO C 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle LISTON THOMAS ANNA BELLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) CUMBERLAND, MD. MEMORIAL HOSPITAL cremation, or removal, 710-09-6327 WW 2 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (3), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (o) Conditions, if any, which gove) burial-transit rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the prior to b Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram and that in (my) (our apinian death accorred an the date and haur and fram the saw the deceased alive an_ causes stated abave, (1) (swe) (did (did not) view the bady after death. 22c. DATE SIGNED STAFF director, page should be filed DIRECTOR PHYS. 22d PHYSICIAN" 22e. ADDRESS NAME (Type) CUMBERLAND, MD. 122 S. CENTRE ST .. J. WILLIAMS 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) Md. Zion Memorial Park Near Cumberland Alleg 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Balto Ave Cumberland MadDATE MAY

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DERT. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to afride 5 may be retained for your files.

To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depositment of ny deloy is P.M3, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office alang with form This certificate shauld be executed within 24 hours after death Health prior to burial, cremation, or removal, and in any event within 72 hours after death. SICAL EXAMINER: TO DEPUTY

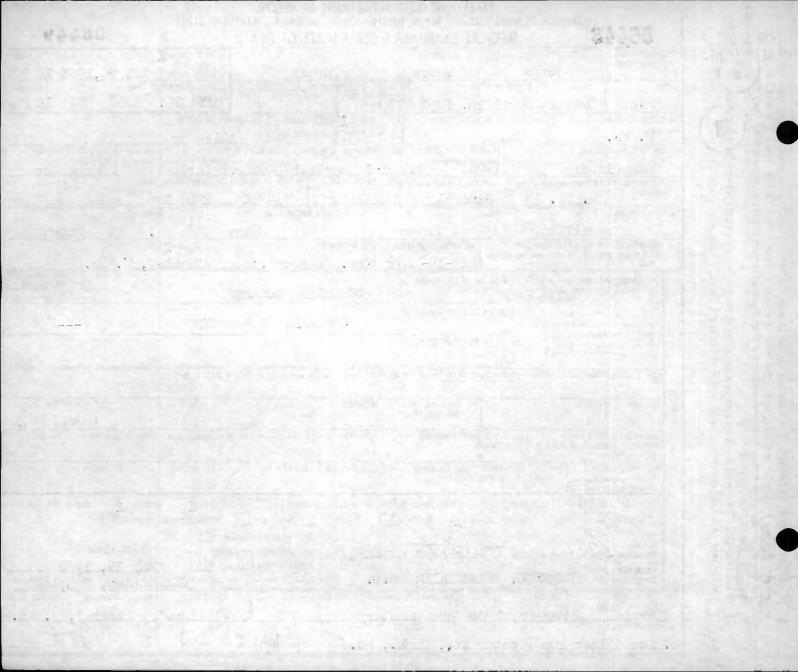
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6443 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. DECEASED-NAME (Type or Print)			Middle			ast		2a. DATE KNOWN OF ESTI-		Day Year	2b. HOUR
	Geor	0.	Evers			rner				25,1968	10 P M
3. SEX	4. RACE	S. DATE OF BIR	eth 6.	AGE (In years last birthday)	IF UNDER 1	DAYS HOURS	R 24 HRS.	2c. DATE PRONOU	VCED DEAD		2d. HOUR
Male	White		26, 1891	77 YR	S.			MATTH 25	, Do 196	8 Year 19	10 P M
7a. BIRTHPLACE (SI	tate or foreign 7	b. CITIZEN OF WH	AT COUNTRY?	8. MA	ARRIED NEV	ER MARRIED 🗌	9. COU	NTY OF DEATH			
country W. Va		USA			DOWED _	DIVORCED		llegany			Md
10. CITY OR TOWN			AME OF HOSPITAL OF			durir	na mast a	CUPATION (Kind of f warking life, eve	n if retired.)	12b. KIND OF BU	
Cumber					1 Hosp	ital R	etire	ed Carper	iter	Carpen	ter
13a. USUAL RESID	ENCE (Where decease	d lived, if institu	utian: Residence bet			13d. INSIDE CIT		13e. STREET AND I	NUMBER		
	W. Va.	13b. COUNTY			dgeley			RFD#]			
14. FATHER'S NAME		Middle	Lo	ast	1S. MOTHER	'S MAIDEN NAME	E First		Middle	Lo	ast
	William		Turn	er		9217	Mary	7	E.	Vea	ch
	EVER IN U.S. ARMED FO		16b. SOCIAL SECURIT	IY NO.	17. INFORMAN	T	TEST A	RFD# AT	DRESS		
NO NO	nawn) (If yes give w	or or dates at service)	213-18-2	102	Mrs. R	ebecca '	Turne	er Ridgel	ev. W.	. Va.	
18. CAUSE	OF DEATH (Enter only	one cause per li	ne far (a), (b), and							APPROXIMAT BETWEEN ONSE	
	. DEATH WAS CAUSED	BY:	, , , ,		CORON	ARY OC	CLUS	EON		SUDDE	
410	9 IMMEDIAL	E CAUSE (o)	AS A CONSEQUENCE	OF						50223	
Conditions,	if any, which gave		AS A CONSEQUENCE	Oi	COR	ONARY	SCLE	ROSIS			
rise to imm	ediate cause (a),	(b)	AS A CONSEQUENCE	OF							
stating the	underlying cause	שעב זט, טג	AS A CONSEQUENCE	OI							
	,	(c)									
HART 2. OTHE	R SIGNIFICANT CONDIT	ION2 CONTRIBUT	ING TO DEATH BUT I	TOT RELATED	IO THE TERM	INAL DISEASE OR	CONDITIO	N GIVEN IN PART I	(0)		
19g DATE OF	F OPERATION		19b. CONDITION FO	R WHICH OF	PERATION					20. AUTOPS	SY?
Z			WAS PERFORM							YES	
19a. DATE OF	AL CAUSE WAS	21h TIME OF	INJURY Manth, Day,	Year	21c HOW INII	IRY OCCURRED (Enter notu	re af injury in Part	1 or Port 2 I] 110 [V]
FRIMARY [OR CONTRIBUTING	HOUR A.	M.		216. 11017 11136	MI OCCORNED (I	Liner nord	ie or injury in run	r di rdii 2, i	1611 10.)	
PRIMARY CAUSE OF DE		P.	M. At home, form, stree	19	214 LOCATION	Street or R.F.D. N	la .	City or Town		Caunty	State
WHILE	NOT WHILE T	ary, office buildin		71,	ZII. LOCATION	SHEEL OF K.I.D. IN		City of Town		Cdomy	Sidle
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death	resulted fram:	Natural caus	ses 🗶 , Accid	lent,	Suicide [, Hamic	ide 🔲,	Undetermin	ed manner		
	1	-, ,	00'		,	CHIEF MEDICA	L EXAMINI	R 🗌			
SIGNATURE	flence	dict	Dkila	rel	ec/M.D				22b. DATE	SIGNED	
EXAMINER'	'S					DEPUTY MEDIC			May 2	25, 1968	
NAME (Typ	e) BENE	DICT SK	ITARELIC,	M. D	•	ADDRESS(Stree	et, citγ, ta	wn, ar countyCM	BERLAN	ID, MARY	LAND
23a. BURIAL, CREA		DATE	23c. NAME	OF CEMETER	Y OR CREMAT			LOCATION (City or			(State)
REMOVAL (Sp Buria	il Mav	29, 19	68 Abe C	emete	rv		RET	#1 Ridge	lev Mi	neral.	I. Va.
24. FUNERAL DIRI	ECTOR		AD	DRESS	0	25a. REC	C'D BY REC	#1 Ridge SISTRAR 25b. 8 1968	REGISTRAR'S	SIGNATUR	cl.
H. Lee S	Silcox holi	Decatu	r St. Cu	mb	Md.	DATEM	AY 2	ठ १५५४	1	1 6	7

VR A15ME (5) 10M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06450

CERTIFICATE OF DEATH Middle Lost 2o. DATE OF DEATH 2b. HOUR DECEASED-NAME First (Type or print) WAGONER BABY BOY IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years 3 SEX lost birthdoy) DAYS HOURS 5-30-68 WHITE MALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED T NEVER MARRIED X MARYLAND ALLEGANY U.S.A. WIDOWED | DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY CUMBERLAND. HOSPI TAL none 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY NO X BOX 375 FT. ASHBY 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First LEWIS MABEL WAGONER JOHN 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? CUMBERLAND, MD. Yes, no, or unknown) MEMORIAL HOSPITAL APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190, DATE OF OPERATION CAUSES OF DEATH? YES [NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medicol exominer) HOUR A.M. Month Doy Yeor P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while of work . to . that (I) (we) lost 220. I certify that (1) (this hospital) attended the deceased from____ ___, and that in (my) (our) apinion death occurred on the date and hour and from the sow, the deceased alive any 19 , and that railings stated above (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED ATTENDING PHYS. June 1, 1968 MED. DIRECTOR DEGREE PHYSICIAN'S 22e. ADDRESS ERLAND. MD. NADEAD OLIVER NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 23o. BURIAL, CREMATION, Fort Ashby. Va. REMOVAL (Specify) June 1,1968 Fort Ashby Cemetery Mineral

TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 30M REV. 1/68

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be retained by

requires that the death certificate be executed within 24 haurs after death

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the attending physican and sit permit. Then please rem

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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death.		CEASED-NAME ype ar print)	First THELM/		Middle S.		Lost WOLFORI)	2a. DATE	OF DEATH MAY ^{Month}	Day	Y	168	2b. HOUR 9:58/P
requires that the death certificate be executed within 24 haurs ofter death g physicion. n signed by the ottending physician and completely filled in by the tyneral se buriol-tronsit permit. Then please remove carbon papers. Pages I and be buriol, cremotion, or removal, and in ony event, within 72 hours after death	3. SE	FEMALE		4. RACE WH 1	TE		S. DATE OF		1913	6. AGE (In yellost birthday	ars () YRS.	IF UNDER 1		IF UNDER 24 HRS. HOURS MIN.
4 haurs	7o. E	IRTHPLACE (State or fo	reign 7	b. CITIZEN OF USA	WHAT COUNTRY?		RRIED XX NEVER N	ARRIED	9. COUNTY	OF DEATH EGANY				Md.
ecuted within 24 completely filled ove carbon paps y event, within 7		CUMBERLAN	D, MD.	g	I. NAME OF HOSPITAL ive street address) SACF	RED HEA	ON (If not in hospito ART HOSP.			ON (Kind af wark na life, even if re PETATOR		12b. KI INDUS	IND OF B	USINESS OR r Mill
s executed with		USUAL RESIDENCE (Whossion) STATE MAR	ere deceased YLAND	lived, if inst 13b. COUNT			ITY OR TOWN	13d. INSIDE CITY	NO 13e.	STREET AND NUM	BER			
n and c se remo		ATHER'S NAME FI	TY	Middl	HAN	Lost LTON	MAME	MAIDEN NAME	First ANNA		ddle	ł	HAMI	Last LTON
ertificate be physician on nen pleose noval, ond ii	16a. Y	es no or unknown)		FORCES? or dates of service)	2 13 -22		17. INFORMANT HOSP	ITAL RE	CORD	Ado	dress			
e death ce ottending p permit. The		18. CAUSE OF DEATH PART I. DEATH W		BY:	r line for (o), (b), o	and (c).)	rito	mile	3					SET AND DEATH
that the death certificate be executed von. by the ottending physician and complete tronsit permit. Then pleose remove carl cremotion, or removal, and in any event,		Conditions, if ony, where to immediate co	ich gave)	DUE TO, (b).4	OR AS A CONSEQUEN	CEOF	natie	lea	fo				10	Loup.
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z ÷e ii×	ON	PART 2. OTHER SIGNII	ten	sea	1 alst	pm	inal	in	adio	etion	(1		
Fe hat	CERTIFICATION	19a. DATE OF OPERATIO	8		WHICH OPERATION V	3-11	YES		CAU	IF YES, WERE FIN SES OF DEATH?	gu	2) IN CER	III-YING
PHYSICIAN: The hospital or at this certificate hospored for use stoched for use Dept. af Heolth	MEDICAL C	OR CONTRIBUTING C	AUSE OF DEATH cal examine	HOUR A.	M.	Year 19	21c. HOW INJURY				Pan 2,			Chata
e d + de		21d. INJURY OCCURRE While Nat while at wark		1 11 11	AT HOME, FARM, ST OFFICE BUILDING, E	1.6		10	- Lu	ity or Town	10	County	11	State
70 700		22a. I certify the saw the dec causes state	eased alived abave	e an_(I) (we) (d	id) (did nat) viev	v the bady	m _, and that in a after death.	, 19. (aur) a	pinian deat	h accurred on	the do	ate and	haur a	ind fram the
TO HOSPITAL OR ATTENI Page 4 may be retoined O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE	1	elle	mles	18	DEGREE PHYS.	DING	MED. DIRECTOR	STAFF PHYS.		DATE SIGN		68
ro Hospital ol Page 4 may be ro Funeral Dir director, page should be filed		22d. PHYSICIAN'S NAME (Type)		TENBE						E ST., C		7.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MD.
TO HOSPIT. Page 4 mc TO FUNERA director, p		BLIRIAL, CREMATION, REMOVAL (Specify)	23b. DA	TE ay15	1968	Ph14	RY OR CREMATORY	1.	Miss	TION (City or Tow	1	(County	٠,	(State)
30M REV. 1148	24.	FUNERAL DIRECTOR	RAL H	OME-I	CHURCH	ST.,	WESTERNA	2 2Sa. REC'D	BY REGISTRAR	1 968	SIKARS	Lighalu	To S	udge

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ופר ר. רדמקפד בק., מווניפערשה, א

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F. MILTENSFRORT, M.D.